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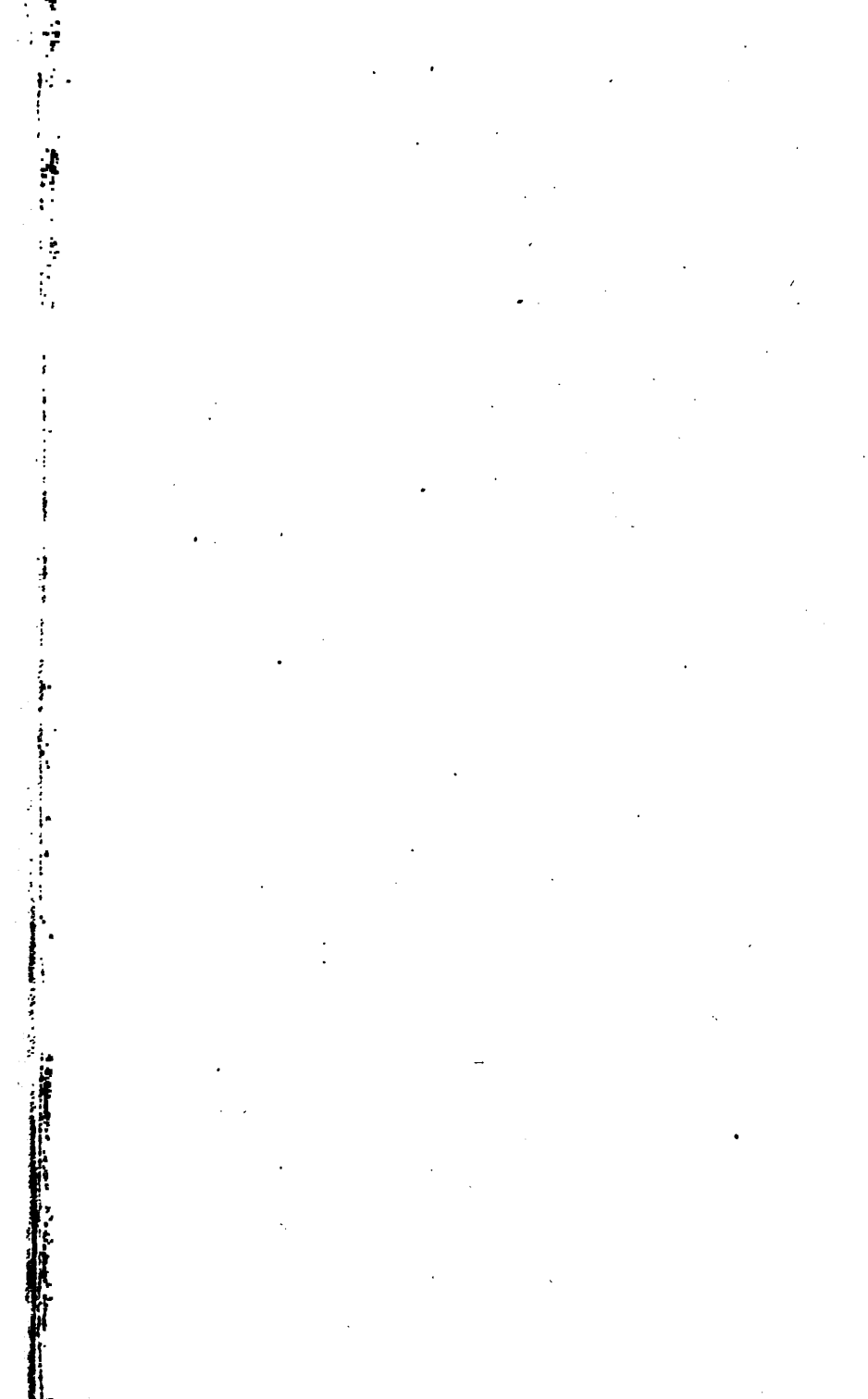
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THE  
MONTHLY HOMŒOPATHIC REVIEW.

16489

EDITED BY

ALFRED C. POPE, M.D.,

AND

D. DYCE BROWN, M.A., M.D.,

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THE MONTHLY  
HOMŒOPATHIC REVIEW.

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ON THE THEORY OF VACCINATION.\*

BY CHARLES RENNER, M.D.

MR. PRESIDENT and GENTLEMEN,—When your Secretary suggested that I should read a paper here this evening, I doubted very much whether I would be able to bring anything of sufficient interest before you to allow of my doing so ; but having of late given a little thought and attention to the various aspects of vaccination, I have chosen the consideration of its theory as that on which to address you. I am perfectly aware that I shall not be able to bring forward anything new of great importance. At the same time, the subject with its bearings on special and general pathology, both human and comparative, on preventive medicine, and above all on its application in practice, is one of so supreme an interest, and unfortunately in many points so much involved in darkness and mystery, that I hope the following exposition and suggestions will not prove unworthy of your kind attention.

Long before Jenner's time, a belief was prevalent among the rural population of many countries, that a person who had been infected with cow-pox had been rendered safe against attacks from small-pox. This popular belief was

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\* Read before the British Homœopathic Society, December 3rd, 1885.

confirmed by several of the old inoculators, among whom Fewster and Sutton in 1768 found many persons, who at some time or other of their lives had suffered from cow-pox, to be insusceptible of variolisation. To Jenner's genius, however, it was reserved not only to test and to prove the truth of this belief, but also, by his unremitting labour and persistency, to establish the same systematically on a sound practical basis, through which vaccination was made available to all, and gained in a remarkably short time the confidence and general acceptance of persons all over the civilised world. The belief and the confidence which people had in variolisation had certainly great influence in promoting the adoption of vaccination; the mind of the public and of the profession was, so to speak, prepared for its reception; but although from this time downwards the theory and practice of vaccination have been studied and worked out by a host of competent and original investigators, there still remains a good deal of darkness and diversity respecting it in the opinion of scientists. In the following considerations, I wish to limit the term "vaccination" to its proper etymological meaning, namely, the use of cow-pox, and I shall not include in it the modern prophylactic inoculations of other viruses, which for convenience sake are sometimes called "vaccinations."

In order to study this disease and its modifications under different conditions, the best plan is to institute a few experiments on animals, which can at all times easily be repeated. Suppose, then, we vaccinate with cow-pox a healthy calf (free from any suspicion of previous infection) by inserting the virus into a shaved surface of its abdomen by superficial punctures, incisions, or scarifications. A certain amount of swelling and redness almost immediately sets in at each place, which exceeds the simple traumatic reaction, and must be ascribed to an immediate action on the part of the virus. On the second day, you find the swelling and redness less, while, on the third, you see and feel a distinct papular elevation and induration. These increase on the fourth day, and on the fifth there is a distinct vesication. The vesicles go on increasing in size; they are distinctly umbilicated, and surrounded by an areola (seen only in light coloured animals). On the 7th or 8th day the hitherto clear contents of the vesicles begin to become opaque, turbid and purulent, they assume a yellow hue, scabs begin to form which are adherent at first,

but fall off about three weeks after the vaccination, and leave scars.

The clear contents of the vesicles is called *vaccine lymph*. It is a white, or pale yellowish, transparent, alkaline fluid, of salty taste, and somewhat sticky to the touch; and is found, on microscopic examination, to consist of a clear liquid, in which are suspended lymphoid cells and free nuclei, and also minute shiny spherical bodies, a micro-parasite, which is called *micrococcus vaccinæ*. These micrococci are contained, in large quantities, in the soft granular tissue of the vesicles. They are looked upon as the specific elements of the disease, while the liquid is regarded as a simple menstruum. They have been successfully cultivated by Dr. Quist, of Helsingfors, outside the body.

Let us now return to our calf, and, after it has gone through the complete course of the disease, vaccinate the same again in the same way. A very different train of symptoms will be observed. A papula will make its appearance within the first 24 hours, which, on the second day, is transformed to an ill-defined, non-umbilicated vesicle, with a somewhat inflamed basis, which very quickly dries up, leaving an insignificant, superficial little scab, and the whole process is terminated at or before the fourth day—that is, at a period when in primary vaccination vesication had just begun to make its appearance.

The microscopic appearances in the local changes of both primary and repeated vaccination were, a few years ago, investigated and very ably described by Dr. Pohl-Pincus. He found that, in first vaccination, the lymph entering the cells of the rete and smallest lymph channels, the former begin to swell, producing an induration, and what he calls a primary necrosis limited to the immediate vicinity of the wound. (This, by the way, can often be seen by the naked eye.) In the centre of this induration the multiplication of the virus elements takes place. It is surrounded by a zone of cloudy swelling, around which the symptoms of active inflammatory irritation are observed. Previously to this a stasis is produced, followed by congestion during the papular stage, also horny changes in the cells of the rete, and ending with necrosis and cicatrization. The multiplication of cocci is very active, favoured by the stagnation, while with the reactive hyperæmia quantities of them are taken up into the general circulation

and thereby undoubtedly produce systemic infection. In second vaccination the micrococci multiply to a very limited extent, no stasis occurs, but reactive hyperæmia sets in at once. The inner zones are very small, the outer inflammatory ring much more extended.

Such, gentlemen, are the most important macroscopical and microscopical changes which take place when the virus is introduced in the ordinary way. You see how differently the organism behaves towards the same virus on its first and its repeated admission. In the first, it favours and helps its growth and development by arresting for a time the currents in the vicinity, and by sacrificing to it numbers of cells; in the second, it opposes it by immediate reaction, just as it would any other non-specific irritant foreign body.

There are other ways by which we can introduce the virus besides cutaneous inoculation, namely, the subcutaneous intravenous injection, and the vaccination *per os*, and to these I now wish to call your attention.

Direct injection of the virus into the lymphatic and vascular system has been practised on the horse, sheep and calf. The results in the former were often a generalised eruption of vesicles containing inoculable lymph, situated especially in the mouth. In sheep, also, a general eruption often appeared; while, in the cow, no eruption at all followed, but nearly always, on subsequently attempting to vaccinate the animal, it was found to be proof against the disease, and the vaccination failed. The same final results are obtained as by the cutaneous method.

The blood of newly-vaccinated animals contains the virus, although in a diluted, yet still in a sufficiently active form, and it is possible to vaccinate by using the blood, if only a larger surface of contact be made by scarification or blistering, and a sufficient quantity of the blood be applied to the denuded surface of the skin. Or, if a small quantity of the blood is injected into a vein of another animal, the virus lives and multiplies therein, and the infection can be continued by transfusion from animal to animal with success and without any local manifestation.

In order to see whether a calf can be infected *per os*, I gave a calf for a week daily three doses of the second trituration of calf lymph until it had consumed the 100 grains, and then it got a few doses of the first trituration. I then vaccinated the animal and the result was an almost complete failure; not one well-defined vesicle appeared;

but I cannot, for various reasons, regard the proof as conclusive.

Dr. Norman Johnson, of Bay City, reports\* :—That in 1866 he took the contents of a tube of cow-pox lymph, and the following symptoms occurred: prostration, fever, swelling of the tonsils and salivary glands, vesicles in the face, mouth, throat, and probably also in the intestinal tract; a foetid greenish diarrhoea followed, and, on the eighth day, headache, soreness of mouth, with burning pains, scanty urine, bloody stools, tenesmus and despondency. Lymph taken from the vesicles of his face was successfully used in vaccinating some children. The lymph was not rendered inert in the acid contents of the stomach, although under ordinary circumstances a minute quantity of acid added to the lymph destroys it—that is kills the microbe. This compares with the results of Toussaint, who was able to protect animals against anthrax by inoculating them with anthrax blood, the bacilli of which had been killed by high temperature. His experiments have been repeated and confirmed, and it has been shown that if animals were killed by the introduction of larger quantities of sterilised anthrax blood, their blood was found to contain the specific bacilli. It may be that the infecting blood contained their spores, which are known to have a very stubborn existence. This must, of course, be taken into consideration in determining the part which micro-organisms play in the production of disease. It may be that a chemical poison, in our case vaccinin, is at work, and that here as in anthrax and septicæmia the organisms are not the primary cause of the disease, but that they grow and are developed and propagated wherever the presence of the special *unorganised* poison renders the soil suitable for them. This view, however, does not explain whence the first parent organisms came, unless (leaving spontaneous generation out of the question) it is supposed that they or their spores exist in nature apart from the poison, and that when they meet, the conditions for the development of the particular disease are given. The poison by itself cannot be the only agent in its production, for it is not intelligible that it should multiply and reproduce itself after the fashion of a living organism. The microbe is indispensable, but

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\* *British Journal of Homoeopathy*, xxv., p. 341.

the part it plays in its relation to the poison is not quite clear.

Some homœopaths declare vaccine lymph to be simply a poison, and, when attenuated, a medicine. Dr. Fincke, of Brooklyn, N. Y., published eleven provings of vaccinine 1m prepared in alcohol. But the 6th attenuation is said to be sufficient both for prophylactic and curative purposes, and has repeatedly been thus employed. All I have to say to this is that the cases said to have been protected in this way should have been tested by ordinary vaccination.

I will simply mention the use of *thuja* 30 and the vaccination from the pustules produced by the local application of *antimonium tartaricum* for the purpose, which have, or have had their advocates, as for legitimate vaccination the pocks of animals alone come into consideration. Besides the cow, a number of other animals are liable to the disease, and have their own special pocks, namely, the horse-pox (equine), sheep-pox (ovine), swine, goat-pox, &c. Each species is not only liable to its own pox, but can, more or less readily, be infected by those of another species, which varies from a mild local affection to a severe general infection, while mutual exclusion of the various forms is the general rule. Thus sheep and horses can be infected with cow-pox and with human variola, &c., and man can take the disease from the various forms of the lower animals. It is purposely given to him in the process of vaccination.

By introducing cow-pox and lymph or vaccine into the system of a person, we artificially produce the cow-pox disease or vaccinia as it is generally called, or vaccina as it is more correctly termed. The usual way of proceeding is to make a number of insertions at one sitting on one or both upper arms. Up to the fifth day all insertions, whenever made, will take effect, the latter ones running a more rapid course, so that on the twelfth day all have attained the same degree of development. Insertions made after the fifth day, but before the development of the secondary areola, take only in a modified or abortive way—provided the first ones have been efficient. This way of proceeding, introduced by Bryce and called after him, gives the first obtainable scientific test of successful, that is protective vaccination; for if after the fifth day a typical vesicle is formed, the first vaccination was spurious. The same applies if together with cow-pox or afterwards, variolous lymph is inoculated. Every insertion made up to the



fifth day is marked by a characteristic vesicle, and when the time arrives, that the variolous eruption should take place, that is the thirteenth or fourteenth day, nothing happens. This shows that, immediately after vaccination, a person can mix with small-pox patients without risk ; and that up to four or five days after exposure to small-pox, the eruption can be prevented by vaccination. After the formation of the secondary areola no insertions take, the systemic infection is completed and susceptibility to variolous diseases is exhausted. This test has been repeated thousands of times both in vaccinated and variolised persons and after recovery from natural small-pox, and always with the same negative results. This systemic injection you see requires a certain time before it is perfect, or before it has attained a sufficient degree to exert any visible influence. It is a gradual process, which begins immediately after the inoculation of the virus, and we know of no means by which we can frustrate its development. Part of the lymph is absorbed immediately into the circulation, and if in a calf the insertions are excised before the second day, vesicles will form ; if on or after that day, immunity *without* any local effect will be the result.

The immunity having thus been demonstrated, the only questions which can arise are these :— How long will this state of things last ? Will it always remain, as Jenner first thought, or will the protection get lost in time ? and if so, when ? and how ? and on what causes depends the more or less lasting protection ? All these questions have received their due consideration and more or less positive replies.

*First* of all experience has shown that the protection does not last for an unlimited period. It is perfect at first, but, after a time, it begins to decrease until it gets finally lost. The fact is not surprising if we remember that small-pox itself does not always exclude or even mitigate a subsequent attack, and that persons have died of a second attack of small-pox, hence it cannot be fairly expected that cow-pox should do more than afford a *relative* and temporary protection. Its duration will necessarily depend on a number of circumstances, and it is arbitrary to fix it at any given number of years. The chief of these are the character and course of the individual vaccination, including the number of insertions, the quality of the virus, the systemic reaction, and also individual predisposition. All these points

should be taken into account before predicting the probable duration of the protective power of a given vaccination. They are of more importance than the sign of the scars. Large scars may be due to sloughing, or may indicate the existence of a great disposition to the disease, causing the vesicles to grow to a large size. I have often seen very typical vesicles from re-vaccination of children with unusually good and large "marks." As to the course of the vaccination, the more characteristic all the phenomena are the better, although it is to be noted that some symptoms, even the vesicles themselves, may be absent in exceptional cases without affecting the value of the operation. It seems strange that the number of insertions should be of any importance, as the microbes multiply in geometrical progression, so that it can make but little difference how much lymph was at first introduced. The importance of the number of vesicles, as well as that of the quality of the virus depend on their direct relation to the systemic febrile reaction, which is a most efficient factor in the production of immunity. To attain its object the artificial diseases must have a certain *minimum* of degree, below which the effect becomes doubtful; it must affect the system in an appreciable manner, and this is indicated by the febrile movement. The practical difficulty is to find out this degree so as to give full protection without unnecessary suffering from too much.

The natural remedy for the loss of protection through time is re-vaccination, the repetition of the operation, which should take place at puberty, and as often as circumstances seem to demand it. If re-vaccination takes effect it is always in a modified form; the course of the disease is shorter, and the local phenomena differ from those of primary vaccination, more or less according to the length of interval—an indication that the loss of protection is only partial. If it takes no effect, that is if no susceptibility is present, we know what takes place from our second experiment on the calf, and no ill effects are likely to follow as long as it is pure. Vaccine lymph can only reproduce vaccina. Its purity consists in the absence of germs of other diseases and of putrid changes. Accidents from its use are due to incidental causes, either from without or evoked from within the organism. Even when taken from cow-pox vesicles of patients who have a small-pox eruption at the same time, which is possible when vaccination was performed more

than four or five days after infection, the lymph thus taken is free from variolous contamination. At the same time, the skin irritation which vaccination produces may favour the development of skin affections in those disposed to them. The pyrexia makes the patient for the time more susceptible and lessens his power of resistance. The wound may give access to erysipelas under insanitary surroundings, &c. But otherwise there is no reason to fear a permanent deterioration of health. Other diseases which may at the same time affect the vaccinate, *e.g.*, *morbilli*, sometimes retard the development, often, however, they have no such influence. Between the periods when it can altogether prevent the eruption and that when it can exert no influence, there is a short interval of time, during which vaccination modifies the small-pox or renders it abortive. Vaccina being in itself a mild and harmless disease, while small-pox is most dangerous and fatal, and the liability to it almost universal, the justification of vaccination follows as a matter of course. Its theory is based on three points:—

1. The empirical fact that small-pox (as a rule) does not occur more than once in a lifetime.
2. The mutual relations of cow-pox and small-pox.
3. The proof of artificially acquired vaccinal immunity as equivalent to natural insusceptibility or to that produced by an attack of small-pox.

The first is universally admitted, and need not detain us, and I will therefore proceed to enquire into the relations between cow-pox and small-pox, about which there are two different opinions. One is, that cow-pox is nothing but small-pox mitigated by passing through the organism of a cow, the other is that the diseases are different or only similar. The former is, especially in this country, the favourite theory and is based on the results of a few experiments to variolise heifers and thereby produce cow-pox, made by Gastner, Numan, Ceely, Badcock, McPhail, McPherson, Thiele, Reiter and Voigt. I think these are the only investigators, who in a very few instances out of a large number of experiments succeeded, while many others, foremost among them Chauveau and the Lyons commission failed to get any local results at all, or at least anything like cow-pox vesicles, after inoculating cows with variolous matter. Undoubted as is the value of the positive facts, exception can be taken to their completeness and

their explanation. In many of the successful cases no attempt was made to propagate the newly created lymph on other heifers, while in others, such attempts were made but failed; while true cow-pox can always and readily be transmitted uninterruptedly from calf to calf. In a few cases, where this supposed first generation of cow-pox lymph was used for the vaccination of children it produced attacks of true, although mild variola; notably so in a case of Reiter's, where the child got a secondary eruption of fifteen vesicles scattered all over the body, and accompanied with high fever. It is, however, only right that I should specially mention the unique success of Voigt, of Hamburg, who, in 1881, inoculated a calf in five places with the virus of variola, besides using ordinary cow-pox lymph in the same animal, but in a different part of its body. From those five insertions he got one vesicle, and from this he succeeded in vaccinating from calf to calf in an uninterrupted series and, with excellent results. Lymph of the second generation was used in a child after having been kept for some weeks. The results were good, but a high temperature was observed on the fifth day. Similar results were obtained by Thiele, by keeping some variolous lymph between two glass plates, the edges of which were closed with wax, for ten days. He then used this lymph mixed with warm cow-milk with perfect success. He was thus able to modify and mitigate variolous lymph, *without the intervention of the cow*, and obtained a potent and protective fluid, and I feel inclined to explain the results in either case as a *mitigation* of the original virus rather than transformation into cow-pox. In nature we see something similar, for in both diseases we observe gradations of the virulence, according to their occurrence as epidemics or endemics, in sporadic or artificial cases. The virulence decreases in the order of their enumeration. In epizootics, accordingly, cow-pox is characterised by fever, general eruptions, and, of course, infecting power; while in that which arises from artificial inoculation it is a mild disease, the pocks are strictly limited to the points of insertion of the virus, and the whole course of the disease is much more rapid. When cow-pox has once been mitigated by artificial cultivation, its lymph acquires a permanently mild and constant character, and can never again rise to its original virulence, nor can it ever produce variola, just as little as variola

itself, if once thoroughly mitigated either without or within the body of a bovine animal. Lymph from epizootic cow-pox is unfit for human vaccination until it has been passed through a few generations of calves, and it is not very uncommon to see lymph even from the early generations produce a generalised eruption of true cow-pox.

In drawing conclusions, the tendency to mitigation seems to me the most noteworthy fact. We can demonstrate it experimentally, and produce it at will in different degrees, always in a downward direction only, to such an extent that the points of difference can be made to vanish more and more, until none of it is left. This shows that there are no hard and fast lines between the two. They are members of the same family of disease, neither of the terms similarity or identity can accurately express their relation. If a cow takes up the germs of human variola, it can develop them in accordance with or by virtue of its natural susceptibility to variolous disease, and only in a form defined by the peculiarities of its special organisation. But whether in nature one form is the parent of the other it is difficult to say. Perhaps they are originally identical and differentiated in process of time to individual forms as we see them to-day. The practical difficulty in rendering the human disease mild by passing it through a cow (it is *not* transformed into cow-pox, as some will have it), is due to our ignorance of the conditions, which favour such change, and which are therefore beyond our control. So much is certain, both diseases occupy the same ground in the animal economy, and both act in a similar way, producing there certain changes which are incompatible with a renewed invasion of either. What these changes are is quite unknown, but they must be systemic or constitutional, and we are already acquainted with their anatomical expression, at least in the case of ordinary cutaneous vaccination. In order to make this explanation, as far as it goes, generally applicable, we have only to assume with Wolfberg, that the virus, both of small and cow-pox, have an elective affinity for the cells of the rete Malpighii. In confirmation of this view we are reminded of the general eruptions of pocks which follow the use of a young cow-pox stock and from inoculated variola, and intra-uterine infection (that is in cases where women have given birth to children with small-pox eruption on their skins, although they have themselves escaped

the infection in consequence of re-vaccination). Cow-pox seems only exceptionally or not at all able to reach the fœtus through the maternal blood.

The third, and last, point is the consideration of the immunity against small-pox acquired by efficient vaccination.

There are certain diseases which leave behind them an increased susceptibility and tendency to their repetition. The organ or organs involved respond to morbid changes or functions on the application of a comparatively weak action of their specific or adequate *stimuli*. Others, on the contrary, namely the zymotic diseases, produce a more or less complete immunity from their recurrence. While in the former a morbid susceptibility is the effect of disease, in the latter the normal or natural susceptibility is annihilated by it. In the first class of cases, to which diseases of a catarrhal and inflammatory type belong, the liability to return is not difficult to understand. We may think of a lesion left behind, or an imperfect cure, like an imperfectly extinguished smouldering fire which only wants a current of air to break forth again into a blaze. But why, on the other hand, should an organism after disease, which cannot give new strength, so energetically revolt against the same virus that provoked it, as we have seen happened in the second experiment on the calf? In reply it has been said that it is the result of a process of accommodation. The same thing takes place if you accustom yourself to a poison; the habitual smoker to nicotine; the Styrian peasant to arsenic. Persons can get accustomed to bee stings to such an extent as to be unaffected by them.

But this explanation does not hold good, and the comparisons are not admissible. In these examples there is relative tolerance acquired by repeated and increasing doses, which can always be overcome by an excessively large dose. In our case we have a single, complete and rapid permeation of the system by vaccine lymph, resulting in an absolute but gradually decreasing immunity from small-pox contagion. A great number of other theories have been broached, some of which at first sight seem reasonable, but on closer examination are found to be open to grave objections, conflicting as they do with established facts; others deal with hypothetical substances invented, *ad hoc*, and without any evidence of their existence. To the latter class belongs the pabulum theory. According to

this the life of the virus depends on the presence of a certain food. When this has been consumed by vaccination or variola, and a new virus is introduced, it is starved, and dies from want of its natural sustenance. Of course we know nothing of the nature of this special food, and besides we would have to assume that there are as many different kinds of special food as there are zymotic diseases to which the organism is liable, and why the pabulum should not, at least slowly and imperfectly, be re-produced in a living organism is wholly unaccounted for. Another theory says the virus leaves a certain substance behind, which acts as an antidote, and a further and quite modern explanation introduces a struggle for existence going on between the cells and the microbes.

Or it may be said: As in some diseases the propensity to repetition grows with the frequency of the attacks, while long intervals of freedom have a tendency to diminish the liability—so conversely in others is the susceptibility left from the first invasion or re-accumulated in the course of time, exhausted by repetition, in one case either of small-pox itself or its equivalent by re-vaccination. That is the acquired power of resistance, if not called into activity gets weak and weaker—like every organic power or faculty—from *disuse*: and it is maintained and strengthened by frequent exposure to infection, or in default of this, artificially and instantaneously by re-vaccination.

Gentlemen, I am quite aware of the insufficiency of all these attempted explanations.

Hence we must be content for the present with the facts which I have brought before you, although it is very much to be regretted that the theory of vaccination is still without the support of a scientific basis, which would raise it above the attacks of scepticism. At present its value is founded to a great extent on statistics with all the dangers and fallacies attending their use in all but the best qualified hands, instead of our being able to ask from statistics nothing but the proof of scientifically established truth. It is to be hoped, therefore, that the experimental researches and enquiries into the life of microparasites and their relations to disease, which are being carried on at the present moment with so much vigour and zeal, will throw light upon this subject also, and lead before long to a better understanding of the *Theory of Vaccination*.

## DISCUSSION.

Dr. HUGHES had always taken great interest in the theory of vaccination (on which he had written a paper in the *British Journal* many years ago). Listening to Dr. Renner's very valuable paper, he found him beginning with "the virus," and he must ask, where does this virus come from? It is inadmissible to take it from human variola; all who had followed Chauveau's experiments would admit this. It must come, he supposed, from "spontaneous cow-pox." But is there such a thing? Jenner maintained that vesicles on a cow's teats were only specific when acquired from horse grease. Is spontaneous cow-pox more conceivable than spontaneous small-pox? He would be glad to know what Dr. Renner thought of this. On the question raised by him as to the relation of micro-organisms to disease, he would say that he thought them concomitants rather than causes, and mentioned as a case of point that Virchow and others had found the vibriones and bacteria characteristic of cholera in arsenical poisoning. He thought that, as scientific men, we were called upon at the present day to re-examine the whole question of the efficacy of vaccination, in the light of the mass of evidence brought against it by its opponents. For himself he was bound to say that, while personally loyal to the practice, and satisfied with its efficiency, he did not feel that this was *proved* so great as to justify its being made compulsory on unwilling subjects. We must not forget that transmission of syphilis by the operation had undoubtedly occurred, and could not with certainty be avoided. The use of calf lymph (which he had adopted), obviated this peril; but it had yet to be proved that this might not convey infections of its own.

Dr. WYLD said that since he (Dr. Wyld) had retired, some five years ago, from the occupation of producing calf lymph, he had not kept himself *au courant* with the ever-increasing facts regarding vaccination, but still he could very easily reply to the remarks of Dr. Hughes by informing him that all genuine vaccine lymph now in use was derived originally from spontaneous cow-pox, and that, seeing the lower animals were incapable of receiving syphilis, the only sincere outcry by anti-vaccinationists as to the danger of communicating disease by vaccination had been silenced. Then as to compulsory vaccination, the protective power of calf vaccination is so complete that were that method universally followed, the community would be rendered safe against infection, and the few eccentric or timid individuals who objected altogether to vaccination might, perhaps, without danger, except to themselves, be allowed to have their own way. The question, how far variola and vaccina were identical diseases, was intricate and difficult. On the one hand it was extremely difficult to inoculate a heifer with small-pox virus, but there



existed no difficulty in vaccinating a heifer with calf lymph, and this seemed to prove that the two viruses were not identical, but on the other hand the fact that spontaneous cow-pox was so rare a disease as often to elude observation for years would seem to indicate that the so-called cow-pox, might be only small-pox conveyed to the udders by the milkers, and modified by propagation in the cow—a domestic animal, whose healthy and simple nature thus ministered to man's necessity in this regard, as she more especially did by supplying his wants with the most universal of all nourishments—milk; and it might be added that variola, when carefully diluted with warm cow's milk, afforded a virus which acted in most respects like calf lymph. Dr. Renner had informed us that the idea that cow-pox afforded a protection against small-pox, was current among many people long anterior to the announcement of the fact by Jenner, and it even appeared that this was known to some ancient Brahmins. This may be admitted without detracting from Jenner's merit, as being the man who first established the fact on a scientific basis, and, by indefatigable industry, established a practice which has probably saved throughout the world, up to the present day, fifty million human lives. The parallel was often drawn between Jenner and Hahnemann, and we might well hope that it would hold good throughout. Jenner was abused and persecuted by the medical men of the day, and even the great John Hunter advised him, as a friend, to put his fads in the fire, if he wished to succeed as a medical man; while a medical society to which he belonged threatened him with expulsion if he did not relinquish his vaccination quackery. But just as Jenner was now regarded as the greatest benefactor who ever arose in the history of medicine, so the day must come when Hahnemann, notwithstanding all his faults, would be credited with a beneficent change in the *practice* of the healing art, of not less vital importance to the human race.

Dr. EDWARD BLAKE had two accidents with vaccination, which he would communicate. In one case erysipelas arose from insanitary surroundings—this tallied exactly with the case reported by Dr. Edward Madden in *The Homoeopathic Review* for January and August 1879. The second case was one in which a lady who had suffered from myelitis, for which she was treated by Brown-Séquard who had given her *belladonna* to the extent of producing atropism. She had erysipelas, and a cheloid formed at the point of puncture. The tube, he must add, had been opened previously to its being used for her and the vaccine had become turbid, at the same time others had been vaccinated from the same tube with perfectly normal results.

Dr. YELDHAM had been surprised to hear Dr. Hughes questioning the soundness of compulsory vaccination on the ground of the statistics advanced against it by the anti-vaccina-

tionists. Those statistics could not for a moment be compared, either in weight or reliability, with the overwhelming amount of evidence advanced in favour of universal vaccination, on unimpeachable authority. The risk of the transmission of syphilis in vaccination had been immensely exaggerated and would be at once made impossible by the general use of calf lymph; but even admitting that such accidents did occasionally happen, he thought that the immunity from small-pox which vaccination with human lymph afforded, was cheaply purchased at such a cost. To say nothing of the fearful mortality from small-pox before the introduction of vaccination, people of the present day had no idea of the frightful effects of that disease upon those who escaped its fatal attack. He himself could recollect the time, before vaccination became at all general, when you could not join in a social gathering or walk the streets of a town without meeting persons disfigured for life, and often rendered absolutely repulsive by the destructive action of small-pox upon the skin, whereas now one might live for years without seeing a person pitted with small-pox—as to any other ill effects of vaccination than that already alluded to, they were very rare—he had only seen three cases—one of erysipelas in an infant, which proved fatal, another of the same nature in an adult of fifty-eight, following revaccination, and resulting in the formation of a large abscess under the arm. The third case was that of a gentleman aged 60 who, in a small-pox panic, insisted, against his medical man's advice, on being vaccinated a third time. For eighteen months afterwards he was tormented with successive crops of large and painful boils on different parts of the body. Whilst he thought that, as a matter of safety, all persons should be re-vaccinated about the age of puberty, he was also convinced that it was quite unnecessary, and at times, as they had just seen, hurtful to persons much above fifty, as it was well known that the liability to small-pox and other infectious diseases, decreased rapidly after that age.

Dr. GOLDSBROUGH thought that opportunities should be given at every Government vaccination-station for vaccination with calf lymph. With reference to the theory of vaccination, he believed that the true one would only be found when, in the light of the ultimate physical and chemical nature of organic matter, the terms, "health" and "disease" were thoroughly understood. If he might suggest a possible explanation of these terms, following the lead of Herbert Spencer, the former relatively to the latter was a state of greater molecular instability, and hence ensued a susceptibility to external influences, for example the variola virus. When once such a virus—or that of vaccina, the two being so much alike, though not the same—had exerted its influence, a state of greater molecular stability was produced

which continued for a longer or shorter time, during which time the same poisons or either of them could have no effect. At length, however, this relative molecular stability was overcome by the ever-present *vis medicatrix natura*, and hence a renewed susceptibility to either of the poisons occurred. Dr. Goldsbrough seldom saw the effects of any systemic infection in primary vaccination with calf lymph. He always considered the presence of a secondary areola sufficient evidence of a successful operation. In cases of re-vaccination he usually found the vesicles rise much sooner and there was a considerable degree of systemic infection. He had not been accustomed to use the calf lymph (which had been enclosed between glass plates) more than a week old, and would like to know for how long Dr. Renner considered it reliable.

Dr. JAGIELSKI had been vaccinated four times; the last time very successfully by Dr. Renner. His father's experience corresponded with that of Dr. Yeldham's. He believed in the value and necessity of compulsion.

Dr. DUDGON said he had had the misfortune to see some cases where vaccination by humanised lymph had produced bad effects. One lady came from the country with two chancres in her arm. One child vaccinated by Government lymph got a symptom quite different from that of variola. That vaccina and variola were the same disease originally might be possible, but they were very different now. The period of incubation was different. A lady whose servant got small-pox, and who nursed the servant, was vaccinated five or six days after the exposure to infection. Vaccina ran its course up to the eighth day, when the characteristic vesicle occurred. On that day she had pains in the back and shiverings, and the next day the eruption of small-pox came out. The vaccine vesicle died immediately. The small-pox after forming vesicles also died away. So the two diseases had a modifying effect on each other. Dr. Renner had stated that there was a micrococcus that was specific. He thought he remembered experiments where virus was effective when the micrococci had been eliminated. Dr. Wyld had said that he got the lymph from a case of spontaneous vaccina twenty years ago. It should be an easy matter to get renewal from the cows themselves. It might deteriorate by transmission through a series of calves. On all occasions but one he had got good effects from Dr. Renner's vaccine, and on that occasion Dr. Renner had found that the calves would not take the disease from it.

Dr. LESLIE asked if antiseptic precautions had been taken in cases where erysipelas had occurred.

Dr. CLARKE said he thought there had been more said about the practice than about the theory of vaccination. He did not

think any theory was likely to be satisfactory, since we did not know what life was, the factor underlying all phenomena of disease. He did not expect any help to come from Pasteur's experiments. He had seen several cases of ill effects of vaccination. One young woman was quite blind and in a terrible state of disease starting from vaccination as an infant. The child she was vaccinated from was illegitimate. In one case disease of the knee and ankle joints seems clearly traceable to the vaccination, and in several instances he had seen skin disease follow. He thought that though protection was afforded the risks of the operation were not small, and compulsion was not justified.

Dr. WYLD thought that if calf lymph was used compulsion would not be necessary, for those protected would not fear infection from their neighbour.

Dr. GALLEY BLACKLEY said that in the experiments in which the micrococci were filtered out the lymph proved sterile. He had vaccinated large numbers and seen very few bad effects. He would enforce it strictly. He had seen very bad effects from small-pox in unvaccinated persons. He mentioned an instance where only two unvaccinated persons in a large family took small-pox; one of them an old man, was very seriously ill, and was rendered an invalid during the rest of his life.

Dr. ROTH (in the chair) said the lateness of the hour prevented him from entering fully into the discussion of Dr. Renner's interesting paper, which was rendered especially valuable from his having such great opportunities of observation regarding vaccine and vaccination. He (Dr. Roth) would only mention that he agreed with Dr. Yeldham that it was very rare now to see the deformed and pitted faces which small-pox had produced and which were very frequent when he began practice about 46 years ago. Equally rare were the eye affections, deafness, swelling of lymphatic glands caused by small-pox. Before the introduction of vaccination among a hundred blind people in France, 85 and even more had become blind through small-pox, while the beneficent effects of vaccination had reduced this large number to 5 or 6. Some gentleman had mentioned that vaccine after a certain time lost its effect. There was no doubt that this was frequently the case, but the speaker would mention the case of a very strong, big girl of 13 years, who was an only child and heiress, who was vaccinated 13 to 14 times in Vienna, Buda-Pesth and Kaschau, where he was practising at the time, and who was never affected by these repeated vaccinations. An anti-vaccinator friend of the speaker's had told him that the statistics of frequent small-pox epidemics, notwithstanding the general introduction of vaccination, together with the cases where vaccination had produced evil consequences, had induced

him to assist the agitation against vaccination by not less than £500; Dr. Roth said he had repeatedly invited him to visit with him some small-pox hospitals in order to convince him of the severity and dangerous character of the disease, and thus to induce him to change his opinion with regard to vaccination. He believed that an anti-vaccinator should always have such an invitation that he might have an opportunity of seeing the error of his opinions. One speaker expressed his doubts as to compulsory vaccination being consonant with the liberty of the subject. There was no doubt that it was most desirable to permit individual liberty of action as far as it is not dangerous to the community; and if one must admit that small-pox, which can be prevented by vaccination, should not be permitted to exist, therefore obligatory vaccination was not only justified, but absolutely necessary if the disease was to be eradicated completely. He (Dr. Roth) wished only to add a word on re-vaccination, which had been made obligatory in the Prussian army since 1874, with the result that not a single individual fell a victim to small-pox in that army during the last ten years.

Dr. RENNER in reply said he considered it quite legitimate to bring forward objections made by professed anti-vaccinationists. He himself had read a good deal of their literature, but no one could doubt the existence of natural cow-pox, and from such cases the lymph which was used in the experiments referred to by him had been derived. Cow-pox formed part of the Government Reports of veterinary surgery in some parts of Germany. These cases were not so rare as was generally supposed. He himself had used lymph from five different well authenticated cases of the disease, and when at one time he was in Wurtemberg a reward was offered for every case brought to notice, and the reward was repeatedly claimed year after year. The disease was not necessarily derived from grease in the horse, as Jenner thought. There were, moreover, two different diseases called by that name, and this had given rise to a good deal of confusion. He did not think that the organisms found in cholera and arsenical poisoning were identical, although alike in appearance, as the former alone answered to the three tests postulated by Koch. The great advantage of animal lymph was the security it afforded against syphilis; while with ordinary care, and with the use of the thermometer, there was no fear of animal diseases. Calf lymph, if properly prepared, was mild in its action, it had better be used fresh, but he had known lymph to keep good for nine months. The question about deterioration of long humanised lymph was an open one, calf lymph if properly cultivated and with careful selection of vaccinifers showed no signs of deterioration, and it was therefore unnecessary to look out for new cases for renewing stocks. The bad results with it

which had been mentioned were mostly due to "incidental causes," as he had pointed out in his paper, or otherwise *post hoc* and not *propter hoc*; and he contended that the former were nearly always preventible. Nothing could be said against anti-septic precautions, especially in overcrowded localities and insanitary surroundings, otherwise scrupulous cleanliness of the instruments was sufficient. He recommended boiling water for the purpose. Febrile movement in the vaccinate was not always marked, but some signs of constitutional disturbance were generally noticeable. The course of the disease in re-vaccination was more rapid, because it was modified. If adults suffered more local effects, this was often due to over-use of the vaccinated arm.

Finally Dr. Renner thanked his audience for the attention with which they had listened to him, and the interest they had shown the subject of his paper.

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## LECTURE ON HOMŒOPATHY.\*

By C. WESSELHEFT, M.D.,

Professor of Pathology and Therapeutics in the University of Boston.

MR. CHAIRMAN, AND MEMBERS OF THE BOYLSTON MEDICAL SOCIETY,—When accepting your generous invitation to answer some questions concerning homœopathy, I did so with no ordinary sense of gratification. This I hope you will share with me when you call to mind that this meeting is an historical event, for it is the first time in medical history that a homœopathist has had the opportunity, courteously extended, of explaining the principles of his own to members of the opposite school.

It may not lie within my ability to do full justice to the questions you have asked, although they are plain and fair,

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\* The delivery of this lecture, which we have received the permission of its author to republish in our *Review*, is explained in the following lines which appear in the original as an introduction: "Early in March the writer received a very polite invitation from Drs. H. I. Bowditch and V. Y. Bowditch, 'to answer some questions concerning homœopathy' to the members of the Boylston Medical Society, consisting of the advanced students of the Harvard Medical School. The proposal was gladly accepted; and it was arranged that each member of the class should write down a certain number of questions, from which the secretary of the society then made a selection, consisting of fourteen questions, the answers to which form the subject of the following paper. After listening to it, there followed a discussion of the subject by Dr. D. Hunt, and this was followed by questions concerning homœopathy on the part of the members. These questions and remarks were all to the point, intelligent and courteous, as I hope the unpremeditated answers were likewise."

and carry with them the assurance of an honest desire for information concerning a subject of doubt to you.

Your list contains no less than fourteen questions. However much abbreviated, the answers will tax your time and patience: mine are at your disposal.

*1. Please give a brief statement of the essential doctrines of homœopathy, showing wherein it differs from the regular school.*

In order to arrive at an understanding of the doctrines of homœopathy, in order to prepare our minds for a calm reception of statements of principles and methods with which we are either entirely unfamiliar, or regarding which we had been sceptical, it is well to remember the times and conditions, not only in reference to medicine, but history in general.

The origin of homœopathy, as first announced by Samuel Hahnemann, falls in the last years of the last century,—about 1796. You will remember that this was soon after the end of the famous rebellion which made this country free; it was the actual time of the French Revolution. Great political changes of a progressive kind extended their influence over Germany. Such times throw the masses into a state of ferment, and engender thought in more capable minds, in each according to its predilections. Philosophers, statesmen, poets, arise, and in peaceful sciences, like medicine, new ideas crowd upon old ones.

As in politics, so in medicine, a revolutionary spirit was rife. This was a hundred years ago. If I sketch it briefly, in somewhat flagrant colours, I beg you will not consider it as an aggression against the improved medical practice of our time. You know that diseases were treated then very differently from present usages. When I mention the words "bleeding," "purgings," "blistering," and "mercury," I have named certain measures which may have been used moderately by some, but to excess by the majority, and advocated by leading minds. The idea that congestion—though this idea bears in it the germ of a pathological truth—was the source of all disease, because autopsies showed the blood to have collected and often clotted in various parts of the body, led to the universal tendency, habit and dogma, that the blood *must* be got rid of, at all hazards (Broussais, Rasori). The cold, livid, half-dead cholera patient, as well as the pneumonic patient, with hot and turgid skin and bounding pulse, was bled.

That is, the blood of the latter flowed freely enough; that of the sufferer from cholera did not, and physicians were sure that they could cure cholera if they could only make the blood run from the vein during life, because after death they found it collected in one spot.

Purging was not done as now, nor with the precautions of to-day: it was made a substitute for bleeding (v. Störck). Even the best minds could not divest themselves of the idea that disease was caused by some undefined noxious substance (*materia peccans*) which could be got rid of only by material evacuations, such as purging and bleeding, generally preceded by emesis if possible. Do not confound the temperate use of these means of to-day with the usages of a century ago, which, like the excessive employment of mercurials, and an unbridled, lawless habit of compounding multifarious drugs, have now been superseded by better practices.

The contrast between now and then is great. Those methods were old, and firmly rooted in the minds of physicians and the laity, who rather dreaded than loved them. A change of practice had been foreshadowed in the history of medicine: it had to come. If one had not inaugurated it, another would have done so. Though it does not follow that the change which began to appear must have been to what is called homœopathy, nevertheless *that change which was to come would have assuredly been characterized by various features which are peculiar to homœopathy.*

Now, as this system of practice *was* the form in which a change in the practice of medicine *did* come, we will not trouble our heads about what might have or should have been; but we will look at what we have got before us, for "it will not down."

As you do not desire a digest of the history of medicine, as time is too short, you will also kindly content yourselves with a very concise statement of the "essential doctrines" of homœopathy. Their simple recital will, as your question requires, give you evidence that they are the counterpart of the doctrines and medical usages of the last century, and still widely different from, if not antagonistic to, the allœopathic practice of to-day.

As your questions do not imply a critical analysis of the schools, or methods of practice in question, you will be



contented with a statement of doctrines, in order that you may draw comparisons, and form your own conclusions.

When you are told for example, that homœopathy seeks after positive knowledge of disease, in place of theoretical knowledge of pathological processes, you will be perplexed by the implied inference that traditional medicine possessed no positive knowledge of disease. The direct omission of the proof of the assertion will not be misinterpreted or misunderstood if I succeed in answering fairly the question as relating to homœopathy.

Homœopathy, then, demands actual, positive knowledge of disease. What does that mean? It means, that, in regard to disease, we should make clinical use of only such facts, characteristics, or symptoms, as *we can, with our aided or unaided senses, grasp and accept as facts without doubt or cavil*; whether such disease be a mere pustule on the skin, or a case of epilepsy, or some other complicated lesion. When we look at the subject closely, there are as many knotty problems to be solved in the instance of the pustule as there are in that of the more serious disease. The pathology of either will teem with theoretical points as to the cause and the relation of the histological elements involved. Homœopathy simply asks, *What do we perceive and know?* We perceive and know, for instance, that the pustule is red; that it itches or that it smart; that it contains a clear fluid or pus in its apex. We do not know why one pimple itches, or why another smart. In the case of the nervous lesion, we know, for example, that it is characterised by convulsions, paralysis of sensation, or perhaps of motion. We may surmise, but certainly far oftener we do not know, the cause that is the essential pathological state or process at the root of those symptoms, sufficiently well to utilise it for clinical purposes.

That which yields to us curative indications must be of a much more positive kind.

We consider only the purpose for which these positive data are to be collected. This purpose is to build upon them as a foundation those therapeutical measures which shall lead to a safe and radical cure of the case. Now, if this foundation is not one of solid, unquestionable facts in every part, every flaw will be an impediment, or, worse than that, a source of danger.

Hence, if you know the cause of your pustule,—that is, why it is one, and not a bulla, or a mere nodule,—if you

know why it is painful, why it torments by itching, or why it causes burning pain,—then you may proceed on positive information. If, on the other hand, you do not know these things, or have the slightest doubt concerning them, then your curative measures, directed at an unknown cause, must do harm.

Therefore, you will not find it unreasonable to allow yourselves to be guided by undoubted facts, concerning which there can be no question.

If errors are possible with regard to diseases of no danger, how much greater must these errors be in a serious lesion like epilepsy! Or do you know how and why *bromide of potassium* cures some cases of that kind? All conjectures concerning such curative results are trivial theories: the empirical fact that *bromide* cures some epileptics is all you have.

We hold, therefore, that in our curative measures we are bound to be governed by that alone which we can know or discover positively; and for this purpose, guided by this maxim, we proceed to collect and note carefully just such data or facts, from which we exclude rigidly all we are not sure of. To cultivate the faculty of gauging our knowledge, is a part of our business as homœopaths. This is the most difficult of all methods of self-discipline, but errors are possible, even in the most rigid exclusion.

We cultivate pathology as a branch of science, in common with all physicians, and there is no evidence that homœopaths as a class, or as individuals, are not as good diagnosticians as other physicians. The only distinction is, that homœopaths are trained at the outset to separate pathological facts from theories, and to keep the two apart, each for a different purpose.

The same principles apply to the methods by which homœopaths study drugs as curative agents, and at this point I would show you in what light we look upon medicines. To us, medicines are not medicines in the first place: they are simply drugs, regarding whose properties we form no opinion until they have been tried upon the living human and animal organism. Now, what does an unbiassed observer perceive when he either takes himself, or administers to some animal, a portion of some drug, or what is supposed to be a drug? He either discovers that it has no effect at all, that it is inert, and hence valueless, or he discovers that it *makes him as also his test-animal ill.*

He tries other drugs in the same way, and finds that each, if not inert, causes him to feel ill in a different way. One drug produces a kind of gastritis; another, cerebral disorders; a third, a bronchial catarrh,—each drug always producing the same kind of disorder.

How does the unbiassed observer reason from these premises? He reasons that a drug (medicine) is a substance which disturbs normal health; that it is a pathogenic agent—not one that, if taken by a healthy person, will make that person healthier.

This is a view of the nature of medicines which you cannot escape: drugs are disease-producing agents; to call them evacuants, deobstruents, alteratives, tonics, etc., will not help you out of the paradox, because if you cure by a medicine, classify it as you will, that cure is in some manner accomplished by that same pathogenic power inherent in the medicine. This pathogenic power, under certain conditions, becomes a curative agency.

Medicines cause sickness in the healthy; medicines also cure disease. This is a simple statement of the groundwork of homœopathy divested of all accessory verbiage; it expresses briefly, though fully, the chief axiom of our school (*similia similibus curantur*); and we believe, that, though it should not be held as the only principle in medicine, it is one, perhaps, of many principles, but yet one of exceedingly far-reaching value, and we furthermore hold, that no school can, in justice, call itself “regular” while it excludes from among its methods and principles this one practical element.

By nature, drugs are crude substances, each of which, if brought into contact with, or introduced into, the human body, produces a disturbing, hurtful effect. This effect varies according to the activity of the drug, from a slight indisposition, like that from a moderate dose of *chamomile*, to instantaneous death, like that from prussic acid, in drop doses applied to the tongue of a rabbit.

We recognise that each drug generally possesses some predominant effect: one drug may chiefly produce purging, the principal effect of another may be emesis, that of a third, to produce sleep. We recognise that a number of other drugs are remarkable, chiefly from their power to affect the general health with less pronounced local effects (alteratives and tonics); but we also recognise the fact, that besides these prominent local or general effects

according to which drugs are classified, such drugs are capable of producing a great variety of other effects, which are generally entirely ignored in your text-books on *Materia Medica*. For instance, a drug produces catharsis, but also loss of appetite, a yellow coated tongue, and much thirst for cold water. Another cathartic produces nausea, a red tongue, but thirst for cold drink is not especially noticeable among its clearly marked effects upon the human organism. Now, these symptoms, or distinguishing features, have a value in the estimation of a homœopathist. He proposes to utilise them. But, having once observed that the range of the action of a drug is generally not limited to one organ or region, he also proposes to see just how far its effect will extend, and what it will do if fairly and thoroughly tested.

In this process of testing or "proving" drugs for their effects, it is his purpose to know only what they positively and actually will do; and he proposes to exclude as rigidly as possible every thing of a theoretical or a doubtful kind. For instance, one drug may produce sopor; another may produce spasms; both may be explained by their paralysing effect upon the same nerve centres. But what is the essential nature of paralysis or soporific somnolence, is a matter of theory; still more so the difference between somnolence and spasm, both of which are brought about by the same drug (*belladonna*), or each effect by two different and antagonistic drugs.

Here the homœopathist adheres to and utilises the fact that drugs produce either sopor, or spasms, or paralysis, leaving hypothetical or theoretical discrepancies carefully out of his therapeutic measures.

Testing drugs, then, for their true and unequivocal effects, is what is known in homœopathy as "proving." In collecting facts, voluntary and accidental cases of poisoning are used. These roughly block out the effects of the drug. The finer details are then filled in by voluntary provings with safe doses.

If errors and extravagances have crept in to render effects uncertain, it is not the fault of the principle involved, but of the methods employed. Too large doses, for instance, yield only coarse effects; doses which are too small will produce none, or, as in apprehensive provers, multitudinous imaginary "symptoms."

Now, having attained to a positive knowledge of disease manifestations and of drug effects, the question arises, What use can be made of these two branches of knowledge? As yet, I have regarded the knowledge of disease as wholly isolated from, and as bearing no practical relation to, our knowledge of drug-effects obtained by experiment. The element which is capable of converting a drug into a medicine awaits our consideration.

This element, we think, is found in a simple formula (the rule or law of cure), which says *that medicines cure diseased conditions whose symptoms, or actually perceptible manifestations, are similar to—that is, closely resemble—those which medicines produce when tried upon the healthy organism.* Medicines cause sickness in the healthy: they also cure disease.

How this formula was found and adopted would be an interesting topic, but too long. It must suffice to assert that it has been observed by analogy throughout the historical course of medicine. It was found by many empirically, but definitely pointed out by Hahnemann. I would gladly enumerate sources from which knowledge of this formula is derived, but brevity obliges me to point out to you that this formula of similars is generally *recognised in every actual cure clearly resulting from a single drug, wherever reported.*

If you will take the trouble to acquaint yourselves with the effects of such drugs as *belladonna* or its alkaloid *atropia*, *nux vomica* or its alkaloid *strychnia*, with *arsenic*, *copper*, and any drug you please; and if you will then compare the manifestations of the cases cured, with the manifestations or symptoms capable of being produced by the reported curative agent,—you will often be astonished by the similitude existing between them, and you will understand what is meant by similar.

In a broad and general way, I will assert here, that the disorders, in the cure of which most heroic well-known medicines are used by the allopathic school, are unequivocally of the kind which these heroic drugs are able to produce by themselves. Comparisons are easily made in any text-book, such as that of Bartholow.

The answer to your first question, though long, would be very incomplete did I not add two other axioms of the homœopathic school.

One is, that as each drug has been tested *singly*, and unmixed with any thing else which could modify its effect, *so each drug should be administered singly as a remedy in disease.* The uncertainty of mixed drugs, and the safety of the patient, render this precaution necessary.

Lastly, each drug, when used as a medicine under the formula of similars, should be given in doses just large enough to have the desired effect. On this there is no difference among homœopathic physicians, and I doubt if you will object to the way in which it is formulated here. But you have heard of dilutions and potencies, high and low; and you are puzzled and in doubt, if not entirely estranged, by much that is implied under the much-abused word "infinitesimal," more particularly that you are aware that homœopaths differ among themselves when they endeavour to make clear their position with regard to the dose.

As a matter of fact, some hold that very high reduction or rarification of medicinal substances is necessary and practicable. They do not admit that there exists any limit to the divisibility of medicinal or other matter, and claim that their clinical results uphold them in this. Others, and evidently a very large majority, have always inclined to a more material view and practice in the use of drugs; most of them employing them in appreciable quantities, but still in quantities far short of the allopathic dosage. They admit that science points clearly to a limit of divisibility, and hold that efficacy, or at least perceptible effect, ceases even before the limit of divisibility is reached; but they also admit that the practical, actually *curative* limit is not to be determined by the clinical test alone, as the extremists do.

For our purposes this evening, it would appear commendable to fall back on the proposition, as first stated, that homœopathy requires only as much medicine as will do the work required, or as much as will insure the utmost safety in the art of prescribing drugs, in preference to the traditional maxim of augmenting doses to the verge of what the patient can endure.

Such are the chief doctrines of homœopathy, stated as fully as time and space will permit. Such statements are not exhaustive, but, excepting imperfections of diction, they are truthful. We may safely call them doctrines, but not dogmas. To elevate them to such a position would

deprive them of the qualities of practical rules. *Homœopathy is nothing if not practical.*

If time and experience should show that homœopathy, in its simplest form as described, should not be a method or system of such universal scope as to preclude other methods or systems, still you may safely regard it as a method among other methods of treating the sick by medicines. Varying methods of testing and prescribing drugs as medicines should not be confounded with unvarying principles. These may be correct and acceptable in the abstract, while their methods of application in real practice may teem with obstacles and difficulties, leading to questions and disputes interminable; but divested of extremes, and holding to the purpose of retaining the knowledge and excluding the unknown or doubtful factors, we aim to be reasonable, and, above all, practical.

*2. How is the homœopathy of to-day related to that taught by Hahnemann? If any change, what is the reason for it?*

The above, though brief and incomplete, is intended as a sketch of the homœopathy of Hahnemann, stated in such a way that I hope it represents the groundwork of the opinion of all practitioners of that school. The doctrines are the same to-day as they were at Hahnemann's time; that is, the formula of similars, the proving of drugs, the use of single simple remedies in small doses. Such, indeed, was Hahnemann's homœopathy in its simplest and most practical form. In this form it would probably have encountered very little opposition; but certain changes and additions, propounded and enforced by Hahnemann himself, heightened the opposition to his system, and also called forth a division in the school itself. Briefly stated this was due to a gradually increasing tendency to extremes in the diminution of the dose, and to the introduction of the so-called "psora theory." These tendencies and complications of a simple and practical method may be said to have taken shape and to have developed from 1810 to 1828, since which time two parties became distinctly discernible,—the one clinging with zealotism to the works of the master; the other following a more or less conservative course (more especially with regard to dosage), rejecting extremes, and modifying or disregarding altogether the "psora theory." This was introduced by Hahnemann as an explanation of the incurability of certain inveterate hereditary types of disease, for

the cure of which he introduced a distinct class of medicines known as "anti-psorics," published in 1828 and subsequently.

While the objections are strong which are directed against the theory of one class of chronic diseases supposed to originate from suppressed itch, these objections are less valid when applied to chronic disorders following contagious gonorrhœa, and they vanish when applied to the chronic forms of syphilis. Nor was the proposition to adopt certain classes of remedies to these classes of disease entirely to be rejected. So much for historical events and doctrines. Although they led to differences of opinion among homœopaths, they did not lead to an actual rupture. To-day there is still a number of physicians who hold literally to the above-named doctrines; but the greater number have abandoned them, and maintain and adhere to the simple practical rules I have named.

3. *What statistics are there to show that homœopathy is the most successful method of treating disease in general, or any particular disease?*

Though these statistics are not as comprehensive as they should be, they are too voluminous to give you more than a brief sketch of them, omitting all details. Dr. von Grauvogl, a military physician of high rank in the Bavarian army, in his text-book of homœopathy, quotes the following statistical data from Dr. Rosenberg's "*Progress of Medical Science*," &c. (Leipzig, 1843, published by Shumann), giving for brevity's sake only the final figures, which I must abbreviate still more.

Trials with homœopathic treatment were made at Tulezyn in Podolia by Dr. Herrmann at command of the Emperor of Russia in 1829. These lasted a hundred days. There were received 165 patients; cured, 141; died, 6; remaining, 18. Mortality, 3.64 p.c.

Trials of homœopathic treatment were made under the same order in the infantry hospital at St. Petersburg. 18 $\frac{2}{10}$  p.c. were treated; in all, 409 patients. Of these there were cured 370; improved, 7; uncured, 4; died, 16; remained, 12. Mortality, 3.91 p.c.

In the cholera hospital, under homœopathic direction, at Munich, the tabulated report shows that from December 13th, 1836, to the end of November, 1837, 242 patients were received: cured, 223; improved, 18; died, 6. Mortality, 2.48 p.c.



The tabulated report of the homœopathic infirmary at Günz shows that from 1833 to 1841 there were 738 patients: cured, 666; improved, 10; not cured, 5; died, 29; brought in moribund, 17; remaining, 11. Mortality, 3.92 p.c.

The tabulated report of the homœopathic infirmary at Gyöngyös, from 1838 to 1841, shows 271 patients: cured, 219; improved, 14; uncured, 7; died, 11; brought in moribund, 15; remaining, 5. Mortality 4.06 p.c.

The report of the homœopathic hospital at Vienna, from 1832 to 1841, enumerates 5,161 patients: cured, 4,710; uncured, 89; died, 267; brought in moribund, 34; remaining, 61. Mortality, 5.02 p.c.

At the homœopathic infirmary at Leipzig, from 1833 to 1841, there were 4,665 patients: cured, 3,984; improved, 297; uncured, 127; died, 157; brought in moribund, 31; remaining, 69. Mortality, 3.57 p.c.

The average mortality of these hospitals would accordingly be 4.22 p.c.

The tabulated reports of various non-homœopathic hospitals should here follow by way of comparison.

At the Marine Hospital at St. Petersburg, in 1837, there were received 2,261 patients: died, 773; remaining, 322. Mortality, 23.03 p.c.

At the Allerheiligen Hospital at Breslau, in 1833, there were 2,443 patients: cured, 1,701; died, 409; improved, 105; uncured, 60; remaining, 168. Mortality, 16.74 p.c.

At the Charité at Berlin, during eight years, the highest death-rate was 13.99 p.c.; the lowest in 1839, when 10,616 patients were treated, was 9.91 p.c.

Then follows the death-rate at the St. Jacob's Hospital at Leipzig, 10.33 p.c.

In Allgemeine Krankenhaus at Vienna, in 1838, the death-rate was 12.73 p.c.

This yields an average of 12.01 p.c. under allopathic treatment.

An interesting statistical account is to be found in Dietl, *Der Aderlass in der Lungenentzündung* ("Venesection in Pneumonia"), published in 1849, from which it appears that a mortality of 20 p.c. and 30 p.c. can be reduced to 7 p.c. and 9 p.c. by omitting antiphlogistics and tartar emetic.

The reasons which induced Dietl to make this trial of treating pneumonia strictly on the expectant plan, were the results obtained by Drs. Fleischmann, Eidherr, Wurmb,

and Casper, in Gumpendorff and Leopoldstadt homœopathic hospitals. In the homœopathic section of the Leopoldstadt hospital,\* 92 cases of pneumonia were received during the years 1850-52. The average annual mortality among the cases treated in the hospital during nine successive years, as given in manuscript by Dr. Eidherr, was 7.2 p.c.

Another report, extending over the years 1859-66, gives a mortality of 5.85 p.c. and of 9.57 p.c. under homœopathic treatment, and of 12.5 p.c. in the alloëopathic section of the Leopoldstadt hospital. Those who will examine the figures in the original report will observe a difference in favour of homœopathic treatment over expectant treatment.

This very imperfect sketch is simply intended to show that statistical material is not wanting, nor is it exhausted by these notes. It has increased greatly in the last twenty years, through the increase of homœopathic hospitals and dispensaries in all countries.

The last comparative statistics were those of the yellow fever commission appointed by the American Institute of Homœopathy in 1879.† From this report, arranged chiefly by the chairman of the commission, Dr. William H. Holcombe, of New Orleans, whose conscientiousness and reliability are beyond question, it appears that at various localities the mortality of accurately reported cases under homœopathic treatment amounted to from 4 p.c. to 8 p.c., in one instance (Chattanooga) to 86.4 p.c.; while the mortality under non-homœopathic treatment, from the most reliable sources obtainable, ranged from about 10 p.c. to 45 p.c. (Chattanooga). The author concludes his report as follows: "Notwithstanding the possible fallacies of the numerical method, and the possible errors of medical reports, and although some alloëopathic physicians may have made exceptionally excellent reports, and some homœopathic physicians exceptionally poor records, still, surveying the matter on a large scale, in different places and at different times, the work of many physicians and

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\* *On the Present State of Therapeutics, &c.* By James Rogers, M.D. London: Churchill, 1870.

† *Special Report of the Homœopathic Yellow Fever Commission*, ordered by the American Institute of Homœopathy for Presentation to Congress, 1879. New Orleans, La.

the treatment of thousands of cases, we are compelled to believe that the homœopathic method is uniformly more successful than the method of the old school."

4. *In what countries, and in what parts of them, is homœopathy most practised?*

There is no doubt that the United States of America can claim a larger number of homœopathic practitioners than any other country. We have here, according to the report in *The Transactions of the American Institute of Homœopathy for 1884*, no less than 23 general homœopathic hospitals, 31 special hospitals, and 49 free dispensaries, 15 colleges and 4 special schools, no less than 19 journals and 102 societies, with no less than 6,000 practitioners of homœopathy.

The practice in other countries is represented by a smaller number of physicians in proportion to the patronage seeking them. Thus in Germany, exclusive of Austria and Switzerland, there were, in 1876, about 264 homœopathic practitioners, with 14 hospitals and public dispensaries.

In Austria there are about 177 homœopathists, with eight hospitals containing 738 beds (this does not include a very large number of homœopathists of Hungary, and a number of hospitals and a college at Budapest).

In France there are now about 350 homœopathic physicians, three homœopathic hospitals, and eight dispensaries, five of which are in Paris.

In England there are upwards of 300 homœopathic physicians, and eight hospitals and dispensaries, besides a number of general and local societies.

These numbers are not so insignificant as they would seem, because they do not include the homœopathic practice as represented by physicians, societies, and hospitals in other European countries (such as Spain, Italy, Russia, Denmark, Holland, and Belgium), whose quota, if summed up, would exhibit, if not a formidable, still a very respectable, array of men and institutions. To those who are at all interested in the history and statistics of homœopathy, I would earnestly recommend for perusal volume ii. of *The Transactions of the American Institute of Homœopathy of 1876*, *The Transactions of the International Homœopathic Convention held in London in 1881*, and *The Rise of, and opposition to, Homœopathy*, by Dr. Wilhelm Ameke (Berlin: Otto Janke, 1884). Even the least impartial of readers must admit that the difficulties with which homœo-

pathy had to contend were equal to any experienced by struggling sects in the entire history of the world. If these persecutions and oppressions were less severe than the Spanish Inquisition, it was not for want of good will on the part of the opponents. There was not an existing power of law, nor power of despotic government, that was not brought to bear on the new system of medicine. If laws were wanting, they were easily made.

It is easy to speak of great medical schools endowed centuries ago, whose wealth now amounts to countless millions; it is easy to mention hundreds of enormous hospitals endowed by, and supported from, the coffers of rich States,—and then to point to the struggling little schools and hospitals dependent exclusively on private charities. Give them liberty as we have it here, and they will grow and do good, as is and will be proved by the wise legislation of many of our States. Things move more slowly there than here. It is possible there to keep down a new school, but it is as impossible there as it is here to obliterate it. Perhaps, after all, it is not safe to judge of a method of medical or any other practice, either by the number of its professional or lay adherents, but rather by its principles and their results in practice.

(To be continued.)

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## ON THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF *TEREBINTHINA*\*

BY ALFRED C. POPE, M.D.

IN *turpentine* we have a medicine the action of which is remarkably like that of *cantharis*, the brunt of the poison falling upon the kidney and the bladder.

The oil of *turpentine* is distilled from the oleo resin, or turpentine, obtained from several species of pine; and, for medicinal purposes, is slowly re-distilled over a water bath. The first decimal and subsequent dilution are a solution of the re-distilled oil in rectified spirit.

Our knowledge of the physiological action of the drug is derived from a large collection of cases, chiefly of overdosing with it in endeavours to cure tapeworm and other ailments.

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\* Revised from a lecture delivered at the London School of Homoeopathy, Session 1882-3.

Between forty and fifty such cases are collected and arranged in Allen's *Encyclopædia of Pure Materia Medica*.

In a sharp case of poisoning by *turpentine*, we find symptoms of intoxication. In one instance, where a man drank ʒiiss of the oil, he was soon seized with all the symptoms of drunkenness; he lay drenched in sweat and in a state of stupor, from which he did not awake until next morning, when he felt very weak, and his head in a state of bewilderment; when attempting to stand still, he staggered about; he was relieved by a profuse discharge of urine, which had the odour of violets.

This man was very fortunate, unusually so. But for the extreme stimulation of the kidney and the profuse and rapid discharge of urine thereby provoked, and thence the elimination of the drug, congestion of a serious type with strangury would in all likelihood have ensued. From large doses, such as an ounce, fulness and pressure in the head occur; the mouth and throat are dry and burning, and stomach and intestines irritated, as seen in the pain; vomiting, distension, and diarrhœa; the kidneys are congested, and this condition is followed by strangury. There is a certain amount of cough excited, with hurried respiration. It is also an irritant of the skin, and this not merely when applied locally, but specifically.

From this hurried sketch of the general action of *turpentine*, you will see that its most powerful influence is exerted upon the kidneys and bladder, the intestinal canal and the skin.

I will briefly review the features of this action in each instance, and first of all, as being that which is the most conspicuous in the behaviour of the drug, let us consider its influence on the kidneys and bladder. Among the symptoms of poisoning we have such as the following:—"Pain and increased warmth in the lumbar region, over the kidneys, and also in the hypogastric region; these parts become senseless to pressure." Again, "heaviness and pain in the region of the kidneys;" "pressure in the kidneys in the morning while sitting, disappearing on motion." Again, "transient drawing in the right kidney, extending thence into the right hip." Again, "violent burning, drawing pains in the region of the kidneys."

We may notice here that the pain in the renal region indicating *turpentine* differs from that which calls for *cantharis* in being exclusively, or almost exclusively,

“burning,” while that excited by *cantharis* is sharp and lancinating. Hence, we conclude that *turpentine* is more useful in congested states of the organ, while *cantharis* is better adapted to cases where acute inflammation has been set up. Further, there are no indications in cases of poisoning by *terebinth* that the ureters are excited; we have no evidence of pain extending from the kidney to the bladder, but in the bladder itself there is very little doubt of inflammation being set a-going by it. During the first day or two of the action of small doses, the discharge of urine is increased, and on the other hand, in the case I related just now, the same result occurred from an almost overwhelming dose. The ordinary result of *turpentine* poisoning, however, is to excite strangury of a singularly severe type. Thus, in a woman who took two drachms of *turpentine* in warm ale, there was strangury, followed by bloody urine, and then the urine was totally suppressed. Of a man who took an ounce and a half for tapeworm, and after the discharge of some pieces followed it up by half-an-ounce more, Dr. Hayward, who recorded the case in the *New England Journal of Medicine and Surgery* 60 years ago, says:—“The strangury was most distressing, more violent than I had ever before witnessed, and attended with a greater loss of blood. A great degree of soreness remained in the bladder for several days,” The urine passed is scanty, red and bloody. The presence of *turpentine* is clearly indicated by the violet smell of the excretion. The urethra is burning during micturition. Among the symptoms of *turpentine* related by Trousseau and Pidoux those of genuine urethritis, with painful erections as in chordee, are noted.

In applying these phenomena to practice our thoughts are by the law of *similars* directed to Bright's disease.

Among the cases of poisoning reported in Allen's *Encyclopædia of Pure Materia Medica*, there is not one in which any physical examination of the urine appears to have been made. Dr. George Johnson, however, in his work on diseases of the kidneys, makes good this deficiency in his record of the following interesting and instructive case:—

John Harvey, æt. 27, a porter, of temperate habits, never had dropsy or exhibited any symptom of renal disease. On the 21st of March, 1847, he took *olei terebinthini*, *olei ricini* aa ʒ ss, for tapeworm. Soon afterwards his head felt confused; he

vomited once, and was purged two or three times. In about eight hours he had frequent, almost incessant, desire to pass water, passing only a few drops at a time. The water scalded him very much and contained coagulated blood.

On the 22<sup>nd</sup> he came to me at the Public Dispensary. He said he had passed water fourteen or fifteen times during the night, and as often in the course of the morning; the pain and irritation were now less than yesterday. The urine was deeply tinged with blood and contained a large quantity of albumen. Under the microscope numerous "blood casts" of the renal tubes were seen. A few small inflammation cells and some crystals of oxalate of lime were entangled in the casts; no epithelium; much of the blood was not moulded in the tubes. . . . On the 25<sup>th</sup> there was still a considerable quantity of blood in the urine. . . . On the 27<sup>th</sup> the urine contained less blood and albumen; the casts of tubes were still visible and contained, besides the blood corpuscles, a large proportion of inflammatory cells, about twice the size of blood corpuscles. On the 29<sup>th</sup> the urine had nearly the natural colour, no cloud with heat or nitric acid; it contained a few blood and inflammation corpuscles, and a very few casts of tubes. . . . On the 6<sup>th</sup> April the urine was pale, free from blood and albumen, but it still contained oxalate of lime.

The late Professor Henderson, who cites this case in his essay *On Bright's Disease*, published in the 14<sup>th</sup> volume of the *British Journal of Homœopathy*, makes the following remarks thereon.

"This narrative, he says, affords most satisfactory evidence of the action of *turpentine* on the cortical part of the kidneys, and though the effusion of blood into the tubes appears to have been the principal effect, yet the presence of a 'large proportion of inflammation cells,' as well as of blood corpuscles in the casts of the tubes, distinctly proves that the drug produced not merely congestion of the Malpighian or other capillaries, but a true inflammatory action in the tubes and the contiguous blood vessels—the very essence of Bright's disease in its acute or early stage."

Nevertheless congestion of the Malpighian corpuscles is, I think, judging from the subjective symptoms, and also from the objective signs, the condition which *turpentine* especially excites and that in the treatment of which it will be found to be most useful.

Dr. Meyhoffer, in the course of an article on *Albuminuria* (*Homœopathic Review*, vol. xi., p. 142), says:—

"As *turpentine* passes in great part unaltered through the kidneys, its action produces there the same irritating effects as

on the skin and mucous membranes, and causes, therefore, hyperæmia and congestion in the renal glands and bladder, as well as in other organs with which it comes into immediate contact; its peculiarity of producing, when taken internally, an erythema on the skin analogous to that seen in scarlatina (Pidoux) would indicate its use in albuminuria secondary to acute exanthemata."

Dr. Rayner, of Manchester, in an article on *The Pathology and Treatment of Bright's Disease* (*Homœopathic Review*, vol. xvi., p. 20), very clearly and concisely defines the sphere of the drug in one form of this pathological condition as follows:—

"*Turpentine* is one of our best remedies when the urine is highly charged with blood, especially if it be somewhat bright, and passed in very small quantity and frequently, indicating extreme congestion and more than usual irritation of the bladder."

It is, then, chiefly in that congested condition of the kidney which occasionally follows scarlatina that *turpentine* is useful as a remedy. Of its power here many illustrations are given in our serial literature. The following case, reported by Professor Henderson (*British Journal of Homœopathy*, vol. xiv., p. 9), though perhaps somewhat long is a perfect model of clinical reporting and very instructive:—

The patient was a girl, æt. 6, who had "had scarlatina in the ordinary way, in March, 1855, and had recovered in the most favourable manner, without any urinary disorder having followed, as was ascertained by attention to the character of the secretion during the period of convalescence and desquamation. Towards the end of April, whooping-cough occurred in a smart enough but not severe form. She was removed to the country at the end of May. The whooping-cough gradually disappeared during the summer, and the child appeared tolerably well, though she never quite regained the look of health she had had previous to the fever. About the middle of August she had a somewhat lingering feverish attack, with obscure symptoms of pleurisy, and from that time till the illness described in the sequel attracted notice, she was pale and delicate-looking, though able to be out of doors and taking her ordinary food by the second week of September.

"On the 23rd of October her face was observed to be considerably swollen, while it retained its previously pale colour, and it was then remembered that, for several days before, she had appeared fatter in the face than she had been since the spring. The more decided swelling noticed on the 23rd was then, and for



three days after, ascribed to a cold with which she was affected, but, as it increased instead of diminishing, and was particularly remarkable about the eyelids, I made enquiry on the evening of the 26th regarding the state of her urine.

“About five ounces of urine had been passed in the course of the afternoon. It was of the colour of small beer, and had deposited a dingy brownish sediment in moderate quantity. Its specific gravity was 1013.; and it coagulated very considerably by heat, somewhat less so by *nitric acid* and *alcohol*. The sediment exhibited under the microscope blood corpuscles, glandular epithelium in greater abundance, and a few fibrinous casts of the tubes. There were also numerous nucleated cells, containing granules and much smaller than the epithelium cells. Pulse 80, of moderate size and force. No pain anywhere, and no complaint of being tired. It could not be learned with certainty how long the altered colour of the urine had existed, but it had attracted the particular notice of the attendant on the 20th instant.”

A warm bath was ordered, and *acon.* 1 in alternation every 2 hours with a teaspoonful of a mixture containing 4 drops *spir. tereb.* to  $\text{ʒii}$  of fluid. “She had the first dose at 8 p.m.” The next day the report is that she had “passed no urine from bedtime on the previous evening until 4 that morning, soon after the third dose of *turpentine*. The quantity was five ounces; pale, with a little brownish sediment—sp. gr. 1012., coagulated less abundantly—had a very perceptible odour of violets. Altogether the quantity of urine passed amounted to fourteen ounces in the 24 hours ending at 10 a.m. that day.”

At 5.30 p.m., Dr. H. found that two ounces and-a-half of urine had been passed at five different times, the last (or fifth) dose of *turpentine* having been given at noon. Sp. gr. 1020.—a little more strongly coagulable—the flocculi of albumen being very dingy and the fluid itself of a reddish hue. Pulse 84, hands hot, no pain. Has had no *aconite* since the morning.

Conceiving that an aggravation of the disease had been caused by the *turpentine*, he gave a drop of the common *chloroform* solution of *camphor*, and recommended soon afterwards *acon.* 2, to be given every hour till midnight, and a warm bath at 7 p.m.

“The next specimen of urine was passed at 8.30 in the evening, and amounted to two ounces and three-quarters. Sp. gr. 1016.; it coagulated decidedly less, was of a palish cherry-red colour, and quite clear. It had no violaceous odour, while the last urine had it very faintly. She had perspired some, and pulse was 76. Tinct. *acon.* 2, every two hours.

“The next morning at six o'clock she passed at once, and for the first time since last evening, six ounces of urine, and one ounce an hour afterwards. Sp. gr. 1017. Coagulability incon-

siderable; the flocculi on subsiding made only  $\frac{1}{9}$ th of the contents of the test tube, while those of the urine passed yesterday afternoon amounted to  $\frac{1}{5}$ th. A brownish red sediment subsided from the urine, of the same microscopic characters as formerly. Pulse at 8 a.m., 72. She perspired pretty freely part of the night. Bowels have been moved naturally. Swelling of the face has been gradually decreasing, and is now almost gone.

“An hour and-a-half after breakfast she passed three ounces of pale urine, with a faint dash of pink. Sp. gr. 1006., without a trace of albumen and without odour. Altogether fourteen ounces of urine had been passed in the 24 hours.

“Between 10 a.m. and 8.30 p.m., nearly six ounces were passed, and at four different times; Sp. gr. 1017-1018., colour mostly smoky amber, coagulability feeble.  $\frac{1}{8}$ th to  $\frac{1}{10}$ th the contents of the tube—*aconite* had been continued.

“At night she was ordered  $\frac{1}{24}$ th part of a drop of the essential oil of *turpentine*, and the *aconite* was to be continued during the night every two hours. On the following day—the fourth of Dr. H.’s attendance—at 6 a.m. she passed four ounces and-a-half of urine; sp. gr. 1020.; darkish smoky amber; very moderately coagulable, albumen on settling, making  $\frac{1}{3}$ th of the contents of the tube. Perspired very little. A little swelling of one eyelid. P. 74. At 9 a.m. passed half an ounce of urine, clearer and lighter in colour; sp. gr. 1016.; slightly coagulable, of strong urinous odour. Had another dose of *turpentine* of the same strength as the last at 8 a.m. Urine of the last twenty-four hours amounted to twelve ounces. 8 p.m. Has passed seven ounces more of urine at two separate occasions; sp. gr. of the first 1020., of the last 1015.; colour lighter; coagulability slight in both, and but a very few blood corpuscles; a good deal of epithelium, and only a few shreds of casts. Bowels regular; pulse natural. *Acon.* 1x every four hours.

“On the 5th day she passed eight ounces of urine at once, between 6 and 7 a.m., of nearly natural colour, though paler and somewhat opaque, and depositing a brownish sediment; sp. gr. 1020. Albumen scanty, occupies  $\frac{1}{5}$ th of the tube. At 9.30 she passed two ounces; sp. gr. 1019, and not affected by heat or *nitric acid*. The quantity during the last 24 hours was seventeen ounces.

“During this day five ounces were passed; sp. gr. 1016-1018., slightly coagulable; she had no medicine during the day, and was ordered  $\frac{1}{48}$ th drop of *turpentine* at 10 p.m., to be repeated in 6 hours—two doses of *acon.* between.

“On the 81st October—the 6th day—she passed seven ounces of urine at 4 a.m. Natural colour and odour, a little brownish sediment re-dissolved by heat; sp. gr. 1020.; coagulability feeble. At 7 a.m. three ounces more same colour; sp. gr. 1018.; merely

hazy by heat. Perspired freely during the night. Pulse 72. Urine of last 24 hours above fifteen ounces. Repeat the *turpentine*. Between 10 a.m. and 7 p.m. ten ounces of urine were passed. The first specimen, amounting to six ounces, occurred an hour and-a-half after the dose of *turpentine*, was pale sherry coloured, transparent; sp. gr. 1010.; unaffected by heat or *nitric acid*. Two hours later two ounces more were passed; sp. gr. 1010.; darker than natural, smoky looking and slightly coagulable.

"Another dose of *turpentine* was given at 4.30, and about two hours after an ounce of urine was passed at two separate times, a little ruddy in colour, and though but moderately coagulable, still more so than any specimen during the day. The *turpentine* was now finally omitted, and *acon.* 2 ordered for two or three doses during the night.

"The following day—the 7th—at 1 a.m. six ounces-and-a-half of urine were passed; sp. gr. 1017.; colour almost natural, a little less yellow and slightly smoky; hazy by heat, and not cleared by acid, a little light brownish sediment. At 7 a.m. four ounces and-a-half more; sp. gr. 1018., and very slight haze by heat. Microscopic examination discovers no distinct casts; a good many globular nucleated cells, about twice the size of blood globules, and containing granules (probably inflammation cells or altered glandular epithelium—these bodies were noticed in former specimens also), glandular epithelium, of ordinary appearance, pretty abundant; a very few blood corpuscles, and a little prominent epithelium. Urine of the last twenty-four hours, twenty-one ounces. Pulse, 72. Bowels moved naturally three times.

"In the course of the day eight ounces more urine, sp. gr. 1016-1020., same colour, and hazy by heat. Had had *aconite* three times. Same medicine, warm bath as usual at night."

During the two following days urine was passed in increasing quantity. Still hazy on heat; sp. gr. 1018-1019. For 10 days more the urine was daily examined. No trace of albumen was discoverable. A fortnight later another examination showed it to be perfectly healthy, and the patient gaining in flesh and strength daily.

In some remarks upon this case, Dr. Henderson makes the following interesting observation by way of estimating the influence of the medication adopted. He says:—

"The solidifiable contents of the urine underwent, very soon after the remedies were begun, a change much more significant of a favourable effect having been produced on the disease than any other apparent result of the treatment. The account of these contents is easily calculated with

tolerable accuracy from the combined *data* of the specific gravity and the quantity of the fluid ; and making a small allowance for the effects of the albumen in raising the density, the following results of the treatment in the amount of the urine, saline and colouring matters of the urine may be regarded as a close approximation to the truth :—During the first 24 hours of treatment the quantity of these matters was 177 grs. ; during the second period of the same duration it was 198 grs. ; during the third, 214 grs. ; during the fourth, 315 grs. ; during the fifth, 316 grs. ; during the sixth, 323 grs. ; during the eighth, 388 ; during the ninth, 516 grs., when all traces of the disease finally disappeared from the urine. Repeatedly, during the succeeding week, the solids of the urine amounted to 520 grs. in a day, while ten days later they had fallen to nearly 400 ; the excessive quantity excreted during the period of established convalescence having probably arisen from an accumulation of excrementitious matters having taken place in the blood during the unchecked persistence of the disease.”

While this case points out clearly the form of Bright's disease in which *turpentine* may be successfully prescribed it also, I think, shows how cautiously the drug must be administered. Dr. Henderson's dose, one-fourth of a drop, was a large one in such a condition, and there was a certain amount of aggravation set up which, but for the careful observation of the physician—a degree of care which was doubtless rendered greater by the knowledge that it was a homœopathically indicated medicine that he was prescribing—but for this careful observation, the aggravation would have been greater and might have been positively dangerous. As it was, it was controlled by the *aconite* given at the same time. But still more satisfactory results would in all probability have been obtained had much less *turpentine* been given in the first instance.

Another case recorded by Dr. Henderson is one of pure renal hæmaturia in a woman of between 40 and 50 years of age. She had a warm bath, followed for 24 hours by *acon.* 1x., given every two hours. There was no change in the character of the urine on the next day, when *turpentine*, in doses of 1-10th of a drop, was given every 4 hours, and on the following day the urine was no longer sanguineous in appearance, but brownish, and exhibited scarcely a trace of albumen. It remained clear for six days, when, after indulging in meat and malt liquor, it again became of a bloody colour, but much less deeply so than during the last attack ; she had, at the same time, much pain in

the loins. She was ordered *terebinthina* 1, every 6 hours ; and, on the next day, there was only a slight opalescence on heating, and the urine was of a brownish colour. The medicine was continued, and on the following day the urine was perfectly normal. She continued perfectly well.

Dr. Kidd, in the 13th vol. of the *British Journal of Homœopathy*, reports several very striking cases of recovery and improvement in kidney disease after the use of *turpentine*. The subjective symptoms are rather scantily given. In one there was general anasarca, with urine 1018., of a deep, smoky, opalescent appearance, which on boiling became a nearly solid mass of albumen. Blood globules were seen under the microscope. *Cantharis* was given without relief for three weeks, when, on giving three or four drops of the pure spirit of *turpentine*, most marked improvement began. Anasarca at once subsided. Urine increased from thirty to sixty ounces a day, and within three months all indications of albumen or blood had vanished and health was completely restored.

I think these cases conclusively demonstrate the value of *turpentine* in that stage of Bright's disease, whereof renal congestion is the prominent feature, or, as Professor Henderson puts it, "*turpentine* is peculiarly adapted to the early stage of the disease (Bright's, *i.e.*,) at which period it is that blood is the most liable to appear in the urine, at least in any notable quantity." We might class the chief remedies in this nosological division as follows:—*Turpentine* in renal congestion; *cantharis* in active nephritis; *mercury* in nephritis of a lower type, and when degenerative changes have actually commenced; *arsenic* when these changes are still more advanced, and prostration and general dropsy have proceeded to considerable lengths. It is indeed a forlorn hope, but it is a medicine which in its proper sphere has occasionally surprised and gratified those who have administered it.

Of strangury *turpentine* is also an efficient remedy in some cases, as the symptoms I have detailed clearly show. The action of the drug is, however, more restricted to the bladder than is that of *cantharis*. It is not so marked in the urethra.

In its action on the stomach we find it producing great thirst, with eructation, nausea, vomiting of yellowish mucus, burning heat, griping and pressure. The abdomen becomes greatly disturbed with flatus, rumbling, gurgling,

meteorismus, and colic are the chief symptoms. Of these, however, the most frequent is flatulent distension, with rumbling, gurgling, and thin stool. Hence *turpentine* has been used frequently with success in typhoid, presenting these as marked and especially distressing symptoms. The irritation of the gastro-intestinal mucous membrane also corresponds to the conditions present in this form of fever.

Dr. Hitchman, of Liverpool, gives the particulars (*British Journal of Homœopathy*, vol. xiv., p. 615) of a case of melæna, of which *turpentine* was rapidly curative. The patient, a gentleman 42 years of age, had for 28 years suffered much from dyspepsia, and during the year before Dr. Hitchman saw him from attacks of melæna, which set in with sickness, vomiting, rapid and feeble pulse, colic-like pains radiating throughout the abdomen, distension, flatus, borborygmi, tormina, meteorismus, and a dense sallow complexion, with discharge of pure, bright scarlet blood from the bowels. Though the attack had lasted for some time, and the resources of empirical medicine had been largely drawn upon there was no repetition of the discharge of blood after *turpentine* had been taken at intervals of 6 hours for a day.

The irritation on the skin produced by *turpentine* is occasioned not only by direct application, but when absorbed into the blood. Both Wibmer, and the late Dr. Warburton Begbie, record cases in which a scarlet eruption on the skin followed its administration, while Trousseau and Pidoux say, that in *turpentine* poisoning there often appear upon the skin, erythematous, papular, and vesicular eruptions. In some cases of simple erythema, therefore, *turpentine* will be found to be remedial.

In the record of cases collected by Allen we find drawing pains along the thighs. Drawing and tearing in the right hip joint. Trousseau and Pidoux say that *turpentine* causes exquisite sensibility, especially in the lower extremities, a general painfulness of the parts, existing especially marked along the track of the great nerves. These symptoms sustain the empirical observation that *turpentine* is useful in rheumatic neuralgias, but they do nothing to enable us to differentiate the cases in which it is likely to be of service.

With regard to the dose, the first centesimal dilution is,

I think, the best to commence with. It is generally sufficient, but you must be prepared to go to the first dec., or drop doses of the spirit; anything beyond this is apt to produce aggravation, which may interfere with the progress of your case towards recovery.

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## REMINISCENCES OF A VISIT TO PERUGIA.

WITH NOTES OF THE PROCEEDINGS OF THE ITALIAN CONGRESS OF HYGIENE HELD THERE, FROM THE 14TH TO THE 20TH SEPTEMBER, 1885.

By M. ROTH, M.D.

(Continued from page 738, Vol. xxix.)

*On the Etiology of Rickets.* By Dr. PINI, of Milan.

THE doctor mentioned that during the last few years, interesting discussions had taken place in Italian as well as other scientific societies on the subject of rickets, and that the documents and facts which, as the director of the great institution in Milan for the treatment of rickets he had collected, had induced him to speak upon it.

*Age.*—The largest number of rickety children is to be found during the second year of life. Amongst 4,176 cases, 2,974 occurred at this age. The first symptoms appeared towards the 18th month, and gradually increased after this period if treatment were neglected. The second largest number occur during the time of the *allaitment* (weaning), when the typical symptoms of the disease are observed. In 346 cases, the disease was developed at the more advanced age in consequence of various circumstances.

*Preceding Diseases.*—Amongst this large number of children none suffered from any previous disease. The majority became rickety without being weakened by any previous disorder. A profuse and protracted diarrhoea was in general the premonitory symptom of the disease.

*Consanguinity.*—This has no direct influence on the production of rickets; in 86 cases it was noticed, but the condition had evidently been produced by other causes.

*The Age of the Parents.*—Too early and late marriages cause a greater amount of rickets than marriages between persons of from 20 to 36 years of age.

*Physical Conditions of the Parents.*—The enquiries under this head did not lead to any positive conclusion.

The majority of the sick children had healthy, or more or less robust parents. In 52 cases the complaint appeared to be hereditary, either on the father's or the mother's side. In 125 cases brothers and mothers were dead; in 396 either the father or the mother was affected by some complaint or other; in 139 cases both parents were weak and ill.

*Trades.*—No formal conclusion could be obtained regarding the influence of trades. The sick children usually belonged to poor families engaged in various trades; the largest number (964) was furnished by the door-keepers (*concierges*). This will not be thought surprising when we consider the miserable conditions by which they are surrounded, and that the majority of them live in damp and obscure lodgings. Enquiries were made as to whether the work people in the tobacco factories had many rickety children; as only 46 observations were made, there is no reason for connecting the disease with this cause.

On the whole it is certain that the more fatiguing the trade, and the more miserable and badly paid the work people, in the same proportion do their offspring become rickety.

Even in the country where rickets were formerly rarely met with, the number of cases has considerably increased during late years.

Dr. Pini believed that this arose from the following circumstances:—the increasing misery of the agricultural class, the extension of industries into the country, the excess of work demanded from young girls in the manufactories, the number of hours during which work is continued without sufficient intervals of rest; the work of pregnant women in the manufactories up to the day of their confinement, and immediately afterwards, and during nursing. It is easily ascertained that such women do not pay the necessary attention to their infants if unable through their occupation to devote their whole time to them. The great loss of power caused by the work in the manufactory, inducing chlorosis, tuberculosis and osteomalacia which occur before the perfect development of the woman. Hence she is an insufficient nurse, and consequently the mother of weak because imperfectly nourished children.

*Pregnancy and Confinement.*—In 32 cases an abnormal pregnancy and a laborious or difficult confinement were



observed as primary causes, but even in these cases many other and more influential circumstances in the induction of rickets might have been found.

*Streets and Dwellings.*—Narrow humid dark streets are those where most of the victims of rickets are to be found. On the ground floors, which in Milan are generally unhealthy, the disease was also more frequent.

*Nursing.*—The method and quality of the nursing to which the 4,176 cases of rickets had been subjected will be gathered from the following table :—

Nursing good, and by the mother	...	609
„ good, and by wet-nurse	...	811
„ by the mother, and bad	...	1,090
„ by the nurse, and bad...	...	1,096
„ artificial	... ..	406
„ mixed	... ..	164

The real predisposing and essential causes of rickets are to be found in mothers nursing their children with a deficient physiological development of the breast; in the paid wet-nurses, who, after having nursed one child during several months, take another and give it impoverished and insufficient milk; in mothers and wet-nurses beginning, at the third or fourth month, to give to the children soups and farinaceous food to supply their deficiency of milk; in those who adopt artificial nursing without sufficient knowledge of the proper method of doing so. The disease will not be developed in every case, but predisposition to it is developed in all infants fed in either of these imperfect ways.

*Syphilis.*—These 4,176 observations do not justify the assumption that syphilis is an especially important cause of rickets. Many children of syphilitic parents do not suffer from rickets. If rickets were caused by syphilis a large number of rickety children would be found amongst the better classes. But it is a fact that the poor furnish the majority of rickety victims. In Milan the Foundling Hospital contains several hundred children, and all the little rickety infants admitted are sent to the institution for the special treatment of their complaint. These exposed children belong to the most vicious class of society; a large number are born syphilitic, and oftentimes in the hospital for syphilis, but from the moment they enter the asylum they receive excellent food, and are surrounded by

the best hygienic conditions, and they have scarcely ever developed rickets: the proof that such is the case being that only a very few rickety infants are sent from there to the institution. In short, all the enquiries hitherto made have proved that congenital specific diseases rarely cause rickets.

If rickets were caused by hereditary syphilis we should be obliged to treat them by specifics usually employed in syphilis; but this is not the case, and we find that *mercury* and *iodine*, when given to rickety infants who are at the same time syphilitic, while curing their syphilitic symptoms, exert no influence upon the curvatures of the bones; on the contrary, good food during several weeks, without any orthopædic apparatus, is frequently sufficient to remedy the deformed bones. Eggs, meat and good wine are often sufficient for this purpose, and we know that these purely hygienic means would be inadequate for the cure of syphilitic symptoms. It must also be observed that those rickety children who have been cured by purely hygienic means remain liable to a recurrence of their disease as soon as they are again exposed to the evil conditions which originated it. We are convinced that the habit of giving milk of a good quality to poor mothers has, in many cases, prevented a large number of children becoming rickety.

#### COUNT MATTEI.

While I was in the neighbourhood of Bologna I heard the following details regarding Count Mattei from a colleague who does not practise. As he acts as a Consul for a foreign state, he had repeatedly to pay sums of from three to six hundred francs for Mattei's so-called electro-homœopathic medicines, the sale of which has just been prohibited in Austria, because neither the quality or quantity of the medicine in the preparation could be controlled. It is about thirty years since, that Mattei began to use what he calls his "electro-homœopathy," and announced the principles of a "new science." His medicines had to be taken internally in the form of small globules, or were to be applied externally as red, yellow, white, blue, or green "electricity," which professed to cure all possible diseases—cancer, in from one to four months; sciatica in five minutes, if it was not yet constitutional; consumption (phthisis), even in the last stage, within a year; diabetes in four months; syphilitic diseases within a

very short time ; cataract, staphyloma, the effects of lightning, idiotcy, loss of hair, diphtheria, fractures (even complicated ones), paralysis of every kind, &c., are some of the diseases and injuries which Mattei pretended to cure. He is at present an octogenarian, and lives amongst the hills in a castle called La Rocchetta, about two hours distant from Bologna. This castle is supplied with towers and drawbridges, which are let down when a visitor arrives. I was told that there was, within the castle itself, a tower with a drawbridge, in which Mattei sleeps alone during the night, after his servant has passed the drawbridge. My colleague, who does not know him personally, had on one occasion received a letter from him saying that millions could be made out of his medicines. Patients come from all parts of Europe, and even America to consult him, but they must first write to him before they are received. No charge is made for the very superficial examination he makes, but payment is asked for the medicines prescribed, which are prepared by a chemist in Bologna, and of which depôts are kept in various towns. Many persons afraid of cholera have received medicine, with the assurance that, if they take it, they may be sure not to suffer from the disease they dread. The Italian Government has interfered with Mattei's practice, as he is not a regular practitioner, and a medical man has been engaged by him to shield him before the law. I have dotted down these few notes, in order to show the prevailing ignorance of highly educated persons in so many countries, who believe implicitly in the efficacy of Mattei's medicines, which have nothing whatever to do either with electricity or homœopathy, notwithstanding their attractive appellation, "electro-homœopathic."

*A little Italian story of 25 years ago.*

Dr. Gardini related to me that about 25 years ago, when still a student of medicine, he had to attend, in the clinique, an old Italian woman suffering from consumption ; she had been already a few weeks in the hospital without having obtained any relief, when the professor of the clinique, while making his round, told Gardini that there was not much hope for the poor patient. She overheard the conversation between the teacher and the pupil, and told Gardini after the visit that she would not like to die in the hospital and would rather go home. Gardini continued to visit her at her house and to prescribe for her, when, to

his surprise, the poor woman got better and fancied herself cured. A few weeks later, while at dinner, a rough and wild-looking man called at his house, but the servant did not like to permit such a rough looking man to enter, and Mr. Gardini went out and was struck with the wild and unsympathetic aspect of the man, who told him, "Sir, I am the son of the old woman you have so kindly attended and cured, I am very poor and am sorry not to be able to repay you with money, but I would like to serve you or do anything in my power to please you instead of paying with money." Gardini thanked him for his very kind offer and was pleased with the expression of the man's gratitude; finally the man said, "Sir, is there anybody who has caused you any annoyance or is your enemy, and if you tell me who it is you might be sure that within three hours I shall finish him." This happened about the year 1860, when Italy was still oppressed by the Pope and the many Italian sovereigns, and when Italians themselves were prevented from visiting Rome or Naples, and when they received the permission to do so, had to give an account of their object in visiting these towns, what business they had; their passports were taken away and exchanged by a "permis de séjour" for two or three days; they had to name a person as security for their behaviour, and were watched by the police, and if they showed the least indication of being political emissaries or advocates of liberty they were at once sent away. Such was the state of Italy at that time.

*A Visit to Count Aria's Etruscan Museum at Marzabotto.*

Owing to the kindness of Dr. Gardini's wife, I had an opportunity of being introduced to Count Aria, at his country seat at Marzabotto, about two hours' drive from Bologna. It appears that there was a large Etruscan necropolis in the place where the Count's house and park are situated. Besides all varieties of Etruscan ornaments and weapons, which were found in large quantities, there are two petrified skeletons embedded in stone, as well as a number of skulls partly embedded in stone, partly free, in which the cerebral development must have been very great, the skulls having beautiful forms, with large foreheads, and must have belonged to a very intelligent race. These skeletons and skulls had the greatest interest for me, but the lovers of Etruscan antiquities will find there many more treasures; and some silver ornaments, which I

am told are unique, deserve much attention. As the Count is a very learned man, and much interested in similar antiquarian studies, any of our learned friends and colleagues may be quite sure of being well received and admitted to this most remarkable museum. It remains for me only to express my gratitude for the scientific treat accorded to me by Count Aria.

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## REVIEWS.

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*Special Pathology and Diagnostics, with Therapeutic Hints.* By C. G. RAUE, M.D. Third Edition, Revised and Augmented. Philadelphia: Boericke & Tafel. 1885.

THIS book has, by the rapid sale of two large editions, proved that it is a useful aid to the prescribing physician. It is a work that may be briefly described as a practice of medicine with the therapeutics limited to drug prescribing. Other means of influencing the body in the direction of health have been fully pointed out by many authors of various schools of thought on the questions involved in the selection of drug remedies; while on the latter the opportunities of obtaining reliable and practical information of a scientific, as distinguished from an empirical character, are comparatively rare. Hence it is that Dr. Raue's *Therapeutic Hints* are confined to what are ordinarily known as medicines. As, notwithstanding that this is the third edition, we are inclined to think that Dr. Raue's contribution to the practice of medicine is not so well known in this country as it is in its natural *habitat*, we will describe his method of dealing with one section of diseases, and as our readers are likely at this season to be specially interested with thoracic disorders we select them.

The chapter entitled "Thorax," commences at page 335, and occupies 125 pages. It opens with a concise, accurate and readable account of the diagnostic inferences to be drawn from inspection, palpation, percussion, and auscultation of the chest. "Certain forms of abnormal conditions of the respiratory organs, which occur again and again, and although varying constantly as individual cases, present, nevertheless, some common persistent features by which they may be arranged, considered, and recognised, as definite and marked forms of pathological alterations and conditions in these organs" (p. 357), are next considered. Here Dr. Raue, while recognising definite pathological conditions as the basis of the study of a given disease, shows that he is fully alive to the importance of individualising each for the purposes of prescribing medicines, which are to act

as remedies. The first abnormal condition of the respiratory organs taken in hand is "bronchitis—bronchial catarrh." The condition of the tissues involved in bronchitis, both acute and chronic, is described; then the symptoms are pointed out, the special pathological states they severally indicate are explained, the various conditions under which bronchitis occurs are set forth, the physical signs and the things they signify are detailed, and the differential diagnosis is given—much too slightly as we think. We now arrive at the *Therapeutic Hints*. These consist in a statement of the local symptoms which may indicate some forty-five medicines in the acute and thirty-six in the chronic form of bronchitis. They are very slightly given, but sufficiently fully if the medicines, which may appear to be indicated in an individual case, are at the same time looked up in the *Materia Medica* to ascertain which corresponds most fully with the *totality* of the patient's symptoms. To facilitate reference to these medicines, to enable the practitioner to find that one which presents some one or more promising symptoms in his case, an index, or digest as it is termed, is added, which is practically what we understand by a *Repertory*.

Much in the same manner, whooping cough, asthma, pneumonia, phthisis, emphysema, hyperæmia, œdema, gangrene, and hæmorrhage of the lungs, pleurisy, pneumothorax, hydrothorax, and hæmatothorax are studied. The auscultation, pathology, and diagnosis of diseases of the heart, with therapeutic hints for the selection of remedies in each, complete the section.

The work has been very carefully done. The pathological portions and the principles of diagnosis in each form of disease are for the most part full, and the most recent investigations have been made use of in presenting them. The *Therapeutic Hints* will, we have no doubt, as they have done for some years past, facilitate successful prescribing.

It is a work which we can recommend to our readers as one which they will find practically useful.

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*Lectures on Clinical Otology.* By HENRY C. HOUGHTON, M.D., Senior Aural Surgeon to the New York Ophthalmic Hospital; Professor of Otology in the New York Homœopathic Medical College. Boston: Otis Clapp & Son. 1885.

So many years have elapsed since we first heard that Dr. Houghton, of New York, was about to publish a work on diseases of the ear, that we had given up all expectation of learning his views on the disorders comprised in his speciality. Better late than never, however, and we have now the advantage of having placed before us the results of an experience which ten or a dozen years ago remained to be obtained.

The large aural clinique of the New York Ophthalmic Hospital furnishes annually a vast amount of material for study. Of the valuable opportunities thus placed at his disposal Dr. Houghton shows, in these lectures, that he has made excellent use. His descriptions of the various forms of disease met with in the external, middle and internal ear are fresh and clear—the results of observation.

While local applications are less freely recommended than by some aural surgeons, great care has evidently been bestowed upon the study of the action of a considerable series of medicines in relation to the tissues and functions of the ear, through which Dr. Houghton has succeeded in obtaining a number of therapeutic inferences, which have since stood the test of clinical experience. While in some especially painful diseases he recognises the utility of the local applications of medicines of an anæsthetic character, and the necessity, in some instances, of operative surgery to afford relief, he is equally alive to the facts that for curative purposes medicines capable of producing in health symptoms of disturbance in the ear-cavities must be prescribed, and that surgery is only warranted by the imperfection of medicinal therapeutics.

The indications for the use of medicinal remedies, and those which suggest operative measures are fully and clearly given, and the various instruments and the modes of using them are equally well described. An Index or Repertory of a somewhat voluminous character concludes the volume. The book is written in an exceedingly agreeable and very simple style, and will be read with pleasure and advantage by all practitioners of medicine.

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## NOTABILIA.

### PRIZE ESSAY ON HOMŒOPATHY.

WE have much pleasure in stating that Major VAUGHAN MORGAN, the chairman of the Board of Management of the London Homœopathic Hospital, has, with characteristic zeal and generosity, offered a prize of 25 guineas for the best essay on Medical Treatment, with special reference to the scientific system of Hahnemann.

No restrictions are placed upon the essayist either as to his title or to the method of expounding the subject which he may choose to adopt; but the essays are not to exceed 28 pages octavo, bourgeois type. The competitors must send their essays to the London Homœopathic Hospital, on or before the 10th April, 1886. Each essay must bear a motto, corresponding with one enclosed in a sealed envelope, also containing the name and address of the author.

The essays will be adjudicated upon by a committee, the members of which will be selected by the British Homœopathic Society and the Board of Management of the London Homœopathic Hospital.

It is intended to issue an edition of 50,000 copies of the Prize Essay in this country, and one similar in extent will be published in the United States of America.

From this it follows, that essays having the author's name attached will be disqualified for the prize.

### THE INTERNATIONAL HOMŒOPATHIC CONVENTION, 1886.

We have received the following circular from the Provisional Committee of the Congress to be held at Brussels during 1886 :—

“As we have already had the honour of announcing, the International Homœopathic Convention will hold its next session in 1886 at Brussels, during the first week of August. We trust that you will not lose sight of the fact, and that you will inform your readers that all essays intended for the Convention must be in our hands not later than the 1st of MAY next ensuing.

“We are actively engaging homœopaths to do their utmost to render the Convention really advantageous to the great cause of homœopathy. The time for doing so is favourable. The medical, physiological, and biological sciences have for some time been specially occupied with the study of beings infinitely small. Homœopathy ought now to raise her voice; she it is who, since the days of Hahnemann, has entered into this department with precision. The cure and the prophylaxis of virulent and infectious diseases, the inoculation of viruses attenuated and modified by culture, the recent studies on the action of mineral waters, the metalloscope, and the metallo-therapy all prove that the *savants* and scientific investigators are coming nearer and nearer to the great principles of our doctrine. It seems to us that the hour of our triumph is not far distant, the wind fills our sails! Let us, then, redouble our courage, and unite together to render the great International Convention of 1886 useful and fruitful in happy results.

“Numerous and recent works on our *Materia Medica* have been published, which good minds are endeavouring to revise and complete. The Convention might usefully occupy itself with this interesting question.

“Each of us should carry his stone to the building, those who have made useful observations and discoveries should communicate them to the Convention, where they will be discussed and closely examined.

“Let us work, then, for the success of the Convention.”

This circular is signed by Drs. Martiny, Schepens, Criquelion and Sentin.



### DR. QUAIN'S HARVEIAN ORATION.

THE following excellent commentary on Dr. Quain's oration appeared in *The Medical Press and Circular*, of the 28th of last October:—

#### “ THE HARVEIAN ORATION.

“ To the Editor of *The Medical Press and Circular*.

“ Sir,—I read with great pleasure Dr. Quain's eloquent address at the Royal College of Physicians in your last issue. Dr. Quain is a learned and experienced physician, and is acquainted with all the medical doctrines and methods of past times which he tersely, and more or less correctly, describes in his oration. But if what he says respecting homœopathy conveys accurately his knowledge of that system, I must say that he is not so well acquainted with the medical doctrines, or at least with a medical doctrine, of the present time. He says: ‘Homœopathy, which teaches that symptoms constitute the disease, and are to be treated by remedial agents which produce like symptoms, but the potency of which is increased in proportion to their dilution.’ In attempting to be epigrammatic Dr. Quain has missed being accurate. Homœopathy does not teach that symptoms constitute the disease. It teaches that diseases reveal themselves by symptoms, that all the symptoms, objective and subjective, which we can observe in the patient, make up together the picture of the disease, and are the features, as it were, whereby we recognise the disease. It would be nearer the truth to say that allopathy, or orthodox medicine, teaches that the symptoms constitute the disease, or even that one symptom constitutes the disease, as the high temperature in fever, for does not Dr. Quain's boasted treatment by antipyretics imply that the single symptom of heightened temperature constitutes the disease, and is alone to be regarded in treatment?

“ Dr. Quain is right in saying that homœopathy teaches that diseases ‘are to be treated by remedial agents which produce like symptoms;’ he should have added ‘in the healthy.’ The medicine to be homœopathic to the disease should be capable of producing in the healthy an *ensemble* of symptoms corresponding to the morbid picture offered by the symptoms of the disease to be treated. This is very different from the treatment of one symptom, such as increased temperature, sleeplessness or pain, so much in vogue in the orthodox school, with its antipyretics, hypnotics, anæsthetics, and analgesics, to which, along with antiseptics, Dr. Quain triumphantly points in proof of the progress of therapeutics. He seems to claim for scientific medicine the credit of staying the rinderpest, but as that was only effected by the slaughter of every animal that was infected or had been exposed to infection, at a cost to the country of upwards of

£3,000,000, it can hardly be regarded as a triumph of therapeutics, and is a mode of treatment hardly applicable to human beings.

"Homœopathy does not teach 'that the potency of remedies is increased in proportion to their dilution.' Homœopathy gives its remedies in small doses because experience teaches that, when the remedy is homœopathic to the disease, its curative action is best developed when the dose is not large enough to cause collateral pathogenetic effects. The partisans of the orthodox school, when they prescribe medicines homœopathically, have found by experience that they must give them in much smaller doses than the ordinary officinal ones. Thus Ringer recommends minute doses of *ipécacuanha* in vomiting, of *cantharides* in acute Bright's disease, of *corrosive sublimate* in dysentery, and so on.

"That the health of the population has increased and the mortality has diminished during the last forty years, is an undoubted and satisfactory fact, but this improvement cannot be attributed to any appreciable progress of orthodox therapeutics; it is chiefly due to improved sanitation, and partly also to the abandonment by the profession generally of faulty and pernicious methods, such as bleeding, mercurial salivation, drastic purgatives, and other 'heroic' methods, which were in full swing when Hahnemann wrote, and for denouncing which he was persecuted and abused by the dominant school, which has since by its cessation from these practices, tacitly admitted that Hahnemann was right in inveighing against them.

"Dr. Quain concludes with a prophecy of the great future that awaits the medical art. Similar prophecies have been frequently made in almost all ages, and never more frequently than during the last score or so of years, but hitherto they have never been accomplished. Medicine, like man, 'never is, but always to be blest.' It is about time that medicine should cease to pose as the Johanna Southcote of the sciences, boasting that it is pregnant with some saviour of sick humanity, which somehow never gets born.

"I am, &c.,

"58, Montagu Square, W.,  
Oct. 23rd."

"R. E. DUDGEON, M.D."

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#### THERAPEUTIC STATISTICS.

In an essay on *Medical Progress*, by Dr. Eldridge Price, of Baltimore, published in the *North American Journal of Homœopathy*, February, 1885, are the following very interesting and suggestive statistics of the comparative results of empirical (commonly called allopathic) and scientific (commonly called homœopathic) therapeutics in the New York hospitals:—It must be remembered that the institutions referred to are pauper

infirmaries of the same type as the Marylebone Infirmary; that the most complete and accurate details of the work of the officials, and the expenditure of the stewards are kept by the Board of Commissioners of Charities and Correction, which answers to the Local Government Board of London; and, lastly, that the figures quoted by Dr. Price are taken from the published reports of the Commissioners. The details of the year 1880, of Blackwell's Island Hospital, given by Dr. Price, are omitted, because, according to the admission of the Board of Commissioners, a large number of moribund cases were sent to the Convalescent Hospital to die! This was done to diminish the apparent mortality of the Institution. It was a clever device, but was somewhat spoiled by being detected.

WARD'S ISLAND HOSPITAL—(SCIENTIFIC).

	1876	1880
Admissions ... ..	8,077	4,281
Mortality ... ..	6.07	5.22
Cost of alcoholic stimulants	\$36	\$194.90
„ drugs ... ..	\$1,576.06	\$1,620.86

The expense per head of alcoholic stimulants was 8 cents and one-sixth, and of drugs between 48 and 44 cents.

BELLEVUE HOSPITAL—(EMPIRICAL).

	1876	1880
Admissions ... ..	5,658	8,659
Mortality ... ..	12.5	12.06
Cost of alcoholic stimulants	\$2,672	\$2,455.59
„ drugs ... ..	\$11,401.59	\$11,732.23

BLACKWELL'S ISLAND HOSPITAL—(EMPIRICAL).

	1876
Admissions ... ..	8,621
Mortality ... ..	12.8
Cost of alcoholic stimulants	\$2,862.75
„ drugs ... ..	\$10,878

Under empirical treatment, therefore, the mortality is twice as great as it is when scientific therapeutics are applied, while the expense of alcohol under the former is 84½ cents per head against 8 and one-sixth cents under the latter; and that of drugs is one dollar 46 cents against 48½ cents per head under the latter.

WATER-SUPPLY.

THE importance of an adequate supply of pure water, or rather of water of the highest attainable degree of purity—for none is absolutely free from either organic or inorganic matter—in maintaining and restoring health cannot be over-rated. It is necessary that water should be as pure as possible for drinking purposes; it is desirable that it should be fairly soft to meet the exigencies of the various domestic uses to which it is applied,

the amount supplied should be abundant in order that the drains and sewers of our large towns may be properly flushed, that the dust in their streets may be effectually laid, and that the terrible possibility of fire may be fully provided for.

The impurity of the water supply and the insufficiency of the drainage have given, and deservedly given, a very evil reputation to many a Continental so-called "health resort." The frequent occurrence of typhoid among the well-to-do people of the metropolis, after their return from a holiday trip abroad, has often been traced to the impure water or the defective drainage of the towns in which the victims had recently sojourned.

In no country of Europe has greater attention been paid to, or larger sums of public money been expended in obtaining an abundant supply of pure water than in England. And yet, notwithstanding all that has been done, there are still too many places, even among those where invalids go to recover health, where much remains to be accomplished in both directions.

In some, undoubtedly, a great deal has been effected, and that with the best results to the population. Thus, for example, in Malvern, where both drainage and water-supply are as complete as they well can be, the death rate is lower than in any town in England. It is important that medical men, when called to advise patients as to what localities they should visit during convalescence, should be guided not only by the atmospheric conditions of a place, but by the general arrangements and management it presents, so far as these are likely to affect the health of visitors. Were the importance of doing so as fully appreciated as it ought to be, many who are now sent abroad would, we are sure, be advised to visit some one or other of the several inland and seaboard towns at home, where the climate is not only suitable to their cases but where the surroundings are well adapted to prevent the development of disease.

Tunbridge Wells, which has lately been brought somewhat prominently into notice by the completion of its gigantic scheme for supplying water, has not only a climate at once bracing and temperate, one admirably adapted to stimulate that tissue-metamorphosis which, during a long illness has become sluggish—and so to promote convalescence—not only has it the great charm of an almost infinite variety of natural scenery, but those who have been responsible for the management of its local affairs have energetically exerted themselves to render its system of drainage as perfect as it can be made, to provide water as pure as could be procured, and at last, after an enormous expenditure of money, and contending during many years with difficulties of various kinds, they have succeeded in placing at the disposal of the locality a still purer water, and that in an abundance that cannot fail to meet all the requirements of the district.

As all are aware, the early reputation of Tunbridge Wells was derived from its possession of chalybeate springs. Similar springs abroad, owing to the facilities for travelling which have in these latter days been ever on the increase, are now commonly preferred before them alike by the prescribing physician and the invalid; and, consequently, the occupation of the "dipper" on the quaint old pantiles is not so lucrative as it was half a century ago. The iron water is still there in abundance; it is just as conducive to health, in all cases where iron is a suitably indicated remedy, as ever it was; the quantity per gallon is just the same as of yore—amply sufficient for all therapeutic purposes; but Schwallbach, Pyrmont, Hombourg, Marienbad, Franzenbad and similar places have the attractions—such as they are—of being far away from home, difficult of access, and free from all those domestic comforts which Englishmen and Englishwomen are supposed to prefer before everything. They are, however, "abroad," and that settles the question.

Great as may be the advantage of a chalybeate water when iron is required as a remedy, it is not a pleasant beverage at all times and under all circumstances. Unfortunately the water of the Tunbridge district is for many miles round more or less impregnated with iron. This fact drove the Local Board of the town to obtain their supplies from the village of Pembury, four or five miles distant. Here they purchased the control of nine springs, seven of which were free from all trace of iron, two only containing a little. Mr. Heisch, F.C.S., Professor of Chemistry at the Middlesex Hospital Medical School in 1881, reported on these springs as follows:—

"The combination of the Pembury Springs is a soft, pure water, in every way admirably adapted for drinking and all other domestic purposes. Few, if any, towns in England are supplied with water of so good a quality."

The analysis which accompanied Mr. Heisch's report is as follows:—

Total solid matter	...	...	...	8.8440
Chlorine	...	...	...	2.1000
Nitrogen as nitrates and nitrites	...	...	...	0.2190
Free ammonia	...	...	...	.0005
Albuminoid ammonia	...	...	...	.0006
Total hardness (Clark's scale)	...	...	...	4.2900
Permanent hardness after boiling	...	...	...	2.6000
Smell	...	...	...	None.
Microscopic examination of deposit	...	...	...	Satisfactory.
Phosphoric acid in phosphates	...	...	...	Trace.
Protoxide of iron	...	...	...	.1510
" " manganese	...	...	...	Trace.

"These results are given in grains per gallon, except the 'free' and 'albuminoid ammonia,' which are in parts per million."

This is the water which has hitherto been in use in the town, and has been collected for distribution in three reservoirs, holding between them a million and eighty thousand gallons. The amount flowing into them daily has varied from a million and a quarter to a million and a half gallons. This has proved, during dry seasons, quite inadequate to supply the town with a sufficiency of water to fulfil *all* the purposes for which water is needed.

A new reservoir, capable of holding forty-five million gallons, has therefore been designed and constructed by Mr. Brentnall, the engineer of the Local Board, and was opened last month with much pomp and circumstance. The water enters this vast basin by five inlets and has one exit, in addition to an over-flow arrangement. Therefore it is not a stagnant, but a constantly running water.

This additional supply has enabled the managers to dispense with the two chalybeate springs hitherto required, and therefore the infinitesimal portion of protoxide of iron which appears in Mr. Heisch's analysis will no longer be present in the drinking water of Tunbridge Wells. That used for medicinal purposes is of course derived from a totally different source—a spring in the centre of the town.

After the experiences we have had of Continental watering places during late years, we need not be surprised at seeing our own health resorts being restored to public and professional favour. Leamington and Cheltenham are both, we believe, reviving, and sluggish livers and inactive bowels are again getting some severe reminders from the saline waters of both places that their owners expect them to do their duty, in spite of the undue work imposed upon them by heavy feeding and lack of exercise. And we make no doubt that the convalescent from acute disease, the anæmic invalid and that ever increasing multitude of sufferers from "brain-fag," now that they can be assured of finding in Tunbridge Wells not only a dry, bracing climate, delightful walks and drives, numerous sources of quiet healthy interest, and perfect drainage, but an abundant supply of excellent water, together with all the conveniences which this exacting age demands from a place either of sojourn or of residence, will again resort thither, and in doing so find health, comfort and pleasure.

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#### OPHTHALMOLOGY IN VIENNA.

DR. ERNEST FUCHS, the newly appointed professor of ophthalmic surgery in Vienna, in his opening lecture, gave an interesting account of the history of ophthalmological teaching in that university. In the last century, the surgery of eye-diseases was

practically resigned by the members of the regular profession into the hands of charlatans. In the university, there was no chair assigned to the subject, and the only instruction which was given was contained in a few lectures given by the professors of surgery and anatomy. This state of things had lasted a long time, when one of the Empress Maria Theresa's court ladies, the Countess Taroucca, became blind. The medical men consulted were unable to agree as to the nature or treatment of the affection, some diagnosing cataract, and advising an operation, whilst others pronounced it to be amaurosis, and incurable. In order to solve the difficulty, Dr. Wenzel was summoned from Paris. He recognised the affection as cataract of an unusually dark colour, and operated successfully. As Dr. Wenzel's journey was a very costly affair, an arrangement was made to utilise it as far possible; and so, during the time he remained at Vienna, he instructed three young medical men in eye-diseases. The most prominent of these was Barth, then Professor of anatomy and physiology, who was afterwards appointed to carry on the instruction in ophthalmology. He chose as his assistant Joseph Beer. It was not long before Beer surpassed his master, ultimately becoming the most renowned ophthalmologist of his time. He was, however, not fully installed as professor until 1818, when the first chair of ophthalmology was created, at which time he was 55 years of age. One of Beer's assistants was Friederich Jäger, from Germany. He won his master's esteem, and married his daughter. He was not only a brilliant operator, but a cultured man of the world, and was Prince Metternich's private physician. His son, Edward Jäger, the lecturer's immediate predecessor, is universally known in connection with ophthalmoscopy.—*British Medical Journal*.

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#### COCAINE IN THE TREATMENT OF INFLAMED NIPPLES.

THE *Therapeutic Gazette* writes: "The limits of usefulness of cocaine do not seem to have been reached. The sphere of its therapeutic action is, on the contrary, constantly increasing. One of the peculiar features of the remedy is the promptness and constancy of its action. Its latest employment is that advanced by Unna in the treatment of inflamed nipples, in which affection he holds it has no rival in marvellously removing both pain and soreness. Every physician knows how troublesome and difficult it is to cure a fissured nipple if a baby is nursing it. To afford prompt relief, even while the child nurses, has not hitherto been accomplished. Cocaine is said to have succeeded in all cases tried by Unna and others. The nipple is to be brushed every ten minutes, in the intervals of nursing, by a weak solution (one-half to two per cent. of the hydrochlorate of

*cocaine*. Within one or two days the fissure will have healed completely, and all pain consequently will have completely disappeared. The bitter taste of the drug does not prevent the child from nursing, nor is there any danger of its absorption and consequent untoward effects on the child. It would even possibly benefit the child when irritable and restless."

#### PYRIDINE IN ASTHMA.

PROF. GERMAIN SÉE, in a paper inserted in the *Bulletin de Thérapeutique*, June 30th, observes that in the treatment of nervo-pulmonary and cardiac asthma, the only curative agent is *iodine*, and that of 870 cases so treated by him during the last five years, most of them were cured by its agency. Still, the occurrence of intolerance of the remedy in the shape of iodism in some of them rendered it necessary to have recourse to various empirical and often secret remedies. By chemical analysis it has, however, been found that all this effect is due to a substance named *pyridine*. This is obtained by the dry distillation of organic matters of various kinds, forming a colourless and easily vaporisable liquid of penetrating odour, which is readily mixable with water, and forms very soluble salt with mineral acids, which, however, are easily separable. The conclusions to which the author arrives on this substance are as follows: 1. Whatever be the form of the asthma, whether it be nervous, emphysematous, or catarrhal, whether it be primordial or of a gouty or dartrous origin, iodisation constitutes the true curative method. When iodism supervenes, the employment of *pyridine* is indicated, being the most certain agent for the relief of the paroxysm, the best palliative just as *iodine* is the most efficacious remedy. 2. It is superior in power to the injection of *morphia*, its action being also more durable and far more inoffensive. 3. In simple nervo-pulmonary asthma, the paroxysms can be completely put an end to. In severe asthma complicated with permanent pulmonary lesions, the treatment has to be continued for more than eight or ten days, in order to consolidate the amelioration obtained. And when we have to do with cardiac asthma, with or without renal or dropsical complications, *pyridine* may still be of the greatest service in combating the most persistent and the most painful of the phenomena—that is, oppression of breathing whether continuous or paroxysmal. The *pyridine* is administered by inhalation.—*Medical Times*.

#### THE TREATMENT OF RINGWORM OF THE SCALP.

The following is a simple and very effectual method of treating ringworm of the scalp, described by Dr. James Foulis (*British Medical Journal*, March 14, 1885):

The child affected is made to sit down on a chair before a washing-basin half filled with warm water; a folded towel is first



of all tied round the child's forehead, in such a way that no fluid poured on the head can trickle down into the eyes.

It is best to cut the hair short all round the affected part. If there be many spots of ringworm, the whole head may be closely cropped. Have ready a two-ounce bottle of common spirit of turpentine, an ounce bottle of tincture of iodine, a camel-hair brush, and a ten per cent. cake of carbolic acid soap.

When the child bends forward over the basin, the spirit of turpentine is freely poured over one or more spots at a time, the forefinger being used to rub the turpentine well into the scalp. Almost immediately the dirt and greasy scabs disappear, and the short broken hairs are seen to stand up like bristles. Generally, in about three minutes' time, the child cries out, "Oh, it nips!" then we know that the turpentine has penetrated deeply. Immediately, the piece of carbolic acid soap is well rubbed into the parts which have been acted on by the turpentine, and warm water is freely applied to make this soap into a lather, by which means the head is well washed, and soon appears to be beautifully cleaned. The smarting, such as it is, quickly disappears after the application of the soap. The head is then well dried with a towel. Common tincture of iodine, in two or three coats, is now painted well over the affected parts, and allowed to dry. As soon as the hair is dry, some carbolic oil (1 in 20) is rubbed all through the hair to catch such spores as may be there.

This treatment, applied every morning, or morning and night in very bad cases, generally cures the worst cases in the course of a week. During the last five years I have used no other method of treatment. The explanation of its success is as follows:—Common spirit of turpentine is a powerful germicide; but it is a still more powerful solvent of the sebaceous or greasy matter of the scalp, and it rapidly penetrates into the epithelial structures of the scalp, the affected hairs included, and clears the way for the application of a still more powerful germicide, namely, tincture of iodine.

It is an interesting chemical fact that spirit of turpentine, or more correctly, oil of turpentine, is a powerful solvent of iodine. This solution of iodine in turpentine is a most powerful germicide, and quickly destroys the fungus of ringworm. If tincture of iodine be applied to the spots which have been treated as above, first with the spirit of turpentine, and then washed with carbolic acid, soap and water, it finds its way down into the epithelial tissues, and into the hair-follicles, following the course which the spirit of turpentine has taken. It is of no use to apply watery solutions of germicides, until the greasy or sebaceous matters of the scalp have been first removed.

In some severe cases, I have applied a solution of iodine in turpentine, ten grains to the ounce, instead of the tincture of

iodine, after the head has been washed and cleaned; but in most cases, the application of tincture of iodine, after the part has been acted on by the spirit of turpentine as above described, is quite sufficient to destroy the disease.

Ringworm on other parts of the body may be treated with spirit of turpentine and tincture of iodine in exactly the same way. One great advantage of this treatment is that it may be applied to the head of the youngest child, and cause little or no distress at any time.—*The Therapeutic Gazette.*

## NOTICES TO CORRESPONDENTS.

\*. \* We cannot undertake to return rejected manuscripts.

NOTICE IN BINDING.—Important omissions having been discovered in the Index stitched in with the December number, a revised edition is published this month.—[Eds. M. H. R.]

Communications, &c., have been received from Dr. YELDHAM, Dr. G. BLACKLEY, Dr. GOLDSBOROUGH, Dr. RENNER, Dr. HERRING, Mr. CROSS (London); Dr. HUGHES (Brighton); Mr. S. H. BLAKE (Sheffield); Dr. LAMBRECHT (Antwerp); Dr. MARTINY (Brussels); &c.

## BOOKS RECEIVED.

- The Thorough Physician.* By R. Ludlam, M.D. Chicago.  
*The Turkish Bath in Diseases of the Heart.* By R. Metcalfe. London: Heywood.  
*A Treatise on the Breast and its Surgical Diseases.* By H. J. Ostrom, M.D. Second edition. A. L. Chatterton. New York.  
*The Homœopathic World.*  
*The Hospital Gazette.*  
*The Chemist and Druggist.*  
*The Monthly Magazine of Pharmacy.*  
*The British Journal of Photography.*  
*The Philanthropist.* November and December.  
*The Indian Homœopathic Review.* Calcutta.  
*The North American Journal of Homœopathy.* New York.  
*The New York Medical Times.* New York.  
*The Homœopathist.* New York.  
*The New England Medical Gazette.* Boston.  
*The Hahnemannian Monthly.* Philadelphia.  
*The United States Medical Investigator.* Chicago.  
*The Medical Era.* Chicago.  
*The Medical Advance.* Ann Arbor.  
*The California Homœopath.* San Francisco.  
*The Clinical Review.* Cleveland.  
*Boericke & Tafel's Bulletin.* Philadelphia.  
*The Calcutta Journal of Medicine.* October.  
*Homœopathic Journal of Obstetrics.* November. New York.  
*Bibliothèque Homœopathique.* Paris.  
*Bulletin de la Soc. Méd. Hom. de France.* November.  
*Allgem. Hom. Zeitung.* Leipsic.  
*Rivista Omiopatica.* Rome.  
*La Reforma Medica.* Mexico.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. PEPPE, 13, Church Road, Tunbridge Wells, or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY  
HOMŒOPATHIC REVIEW.

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A RETROSPECTIVE GLANCE AT CASES WHICH  
HAVE TERMINATED FATALLY DURING SIX  
YEARS AND A HALF OF GENERAL PRACTICE.

BY J. BLACK NOBLE, L.R.C.P. Ed., M.R.C.S. Eng. &c.

MR. PRESIDENT AND GENTLEMEN,—In selecting a subject on which to read my first paper before this Society, it occurred to me that it would certainly be instructive to myself, and perhaps interesting to you, to look back at those cases which, in spite of treatment, have terminated fatally, rather than lay before you a series of successful cases, for which I hope there may be an opportunity at some future time. In proposing, however, to glance back over the last six years and a half, the period during which I have had the privilege of being identified with the practice of homœopathy, I hardly realised what I was undertaking. My total number of fatal cases in that time has been 157 (a yearly average of about 24), and I have found it utterly impossible, within the limits of one paper, and without wearying you with what would have very much the appearance of statistical tables, than which nothing can be more tedious, to carry out my original intention. I shall, therefore, with your permission, Mr. President, confine myself,

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\* Read before the British Homœopathic Society, January 7th.

except in my reference to acute tubercular meningitis, to those cases which have terminated fatally during last year, 1885. This will bring my paper within practicable bounds, and will in no way interfere with the principle I had originally in view. My practice is a large and busy one among the middle classes, in the most densely populated part of South London. Last year I lost 18 patients—they are as follows:—

Case 1. Elizabeth A., æt. 66. Chronic pneumonic phthisis.

Case 2. Henry M., æt. 24. Chronic pneumonic phthisis.

Case 3. Arthur W., æt. 22. Chronic pneumonic phthisis, complicated with chronic tubular nephritis.

This is one of the diseases in which I have found homœopathy work wonders, and in which we are often able to effect a perfect cure. The age of the first patient, and the kidney complication in the third, prevented me doing much. In the second case, when I was called in, the disease was confined to the upper half of the left lung, and had existed between two and three years. The right lung was in a perfectly healthy state. With absolute rest, cod liver oil, and a steady course of *arsenicum iodatum*, *hepar sulph.*, and *phosphorus*—mostly the first two—he improved amazingly, and I believe would ultimately have been cured. One day, however, feeling too hot in bed, he opened the window near the head of his bed (an easterly wind was blowing), took a chill, was seized with acute pneumonia affecting both lungs—the cicatrization which had taken place in the left lung completely broke down, and he never made the slightest attempt at improvement afterwards. Why is it so often difficult to make patients afflicted with phthisis exercise common sense, and realise the dangerous condition they are in? In these cases the action of *arsenicum iodatum* and *hepar sulph.* is exceedingly satisfactory. I give them both in the 3x trituration, generally the *hepar* morning and night, and the *arsenicum* two or three times in the course of the day.

In cases of catarrhal pneumonia which are threatening to run on to phthisis, I have on several occasions seen *calcareo carbonica* in high dilutions act almost magically in averting this tendency. For this hint I am indebted to Dr. Dyce Brown.

Case 4. Sarah K., æt. 23. Tubercular phthisis. This was evidently a case of tubercular disease of both lungs,

the morbid process having been set in motion by the shock of parturition. She lived ten months after her confinement, and the child died when nine months old of acute bronchitis with constitutional symptoms of tubercle, although the physical signs in the chest could not be demonstrated.

Case 5. Ann B., æt. 69. This was a case of phthisis laryngea in a woman, whose husband I was told died of "consumption," and whose son, æt. 21, died in 1882 of acute tubercular phthisis after an illness of four months, and whom I attended. I have found tubercular disease of the larynx one of the most distressing affections I have had to treat, and in no other disease perhaps have I found any kind of treatment more unsatisfactory. I am disposed to expect most from local treatment, and shall probably in future send these cases to a specialist.

Case 6. Charles C., æt. 5 months. This was an exceedingly interesting case. The child at birth was apparently perfectly healthy, but soon afterwards began to suffer from distressing spasmodic cough, generally aggravated on lying down. No cause for the cough could be made out, and the treatment adopted—*belladonna*, *hyoscyamus*, *drosera*, *pulsatilla*, *chamomilla*, &c.—did little or no good. Finally the physical signs of emphysema of the lungs presented themselves, became rapidly worse, and the child died, exhausted by the intense dyspnoea. I made a post mortem examination and found at the bifurcation of the trachea, three enlarged hard bronchial glands, compressing the trachea and both bronchi, mostly the right, the calibre of which was reduced to quite one-third. The glands on section were found to contain very thick cheesy matter. In every other respect the thoracic viscera were healthy. This was a case in which, had we diagnosed the disease, *calcareo carbonica* might have done something.

Case 7. Alice B., æt. 2½. This was a delicate scrofulous child who died after six days of capillary bronchitis. In capillary bronchitis, I find that *antimonium tartaricum* does more good than any other drug—in fact the most desperate cases get well under its influence. I generally give it in grain doses of the 1st trituration. *Lycopodium* indicated by the flapping of the *alæ nasi*, has in my hands proved useless, and till the other day, when Dr. Burwood, of Ealing, told me he still thought highly of it, but in a dilution not lower than the 12th—I had always used the 3rd—I had made up my mind not to give it again. I have also been

excessively disappointed with *kali bichromicum* in acute bronchitis, while in chronic bronchitis, it has served me very well. *Antimonium tartaricum* I generally re-inforce with *arsenicum*, and in acute bronchitis affecting only the larger tubes, I find *aconite*, *bryonia* and *ipecacuanha* usually sufficient to effect a rapid cure.

Case 8. W. H., æt. 30. This case terminated fatally at the end of five weeks from his first consulting me. Patient was a very hard-working man who rarely took a holiday, and had evidently been out of health for some considerable time, although he would not acknowledge it. The first symptom that attracted his attention was the spitting of a very small quantity of bright blood, and for this he consulted me at my rooms; he had just a little pain in the left side of chest, but otherwise felt perfectly well, and seemed exceedingly sceptical as to my judgment when I ordered him to remain at home and keep perfectly quiet, with other directions that we usually give in these cases. His temperature was 100.5, and about the middle of the left lung posteriorly, some not very distinct signs of catarrhal pneumonia could be made out. Till within ten days of his death he progressed very favourably, and his temperature came down to 99.4; but although there was no return of hæmoptysis, very little cough indeed, and the expectoration slight, white and frothy, the affected portion of lung did not clear up. His temperature during the whole of this time was, I think, never higher than 101, and he still maintained that he felt quite well, and was most anxious to be allowed to go to business. Ten days before his death the expectoration was slightly purulent for the first time. The following day the temperature rose to 102.2, and he had a severe attack of hæmoptysis. For several days the hæmoptysis continued to return at intervals, and with great severity, in spite of *aconite*, *ipecac.*, *hamamelis* and *millefolium*, and the usual general treatment. At this stage I had the benefit of a consultation with Dr. Dudgeon, who prescribed *secale* (homœopathic doses) for the hæmorrhage and *iodine* for the condition of the lung. He also suggested a warm compress to the chest, and to desist from the ice and such like that we were using. The day that Dr. D. saw him the temp. was nearly 105°; the lower two-thirds of the left lung was in a condition of croupous pneumonia, induced, in my opinion, by the blood running down the tubes into the alveoli, and

he expectorated two or three branched fibrinous casts of small bronchial tubes. The *secale* produced no effect upon the hæmorrhage, and I must say that I cannot understand *secale* acting as a hæmostatic unless its physiological action be induced. I therefore, as a last resource, departed from my usual lines of treatment, and prescribed full doses of the *extractum ergatæ liquidum B.P.*, combined with *tinct. digitalis φ*. This produced the desired effect, and considerable improvement in the state of the lungs also ensued, but simultaneously with this improvement, or soon afterwards, symptoms of cerebral meningitis manifested themselves, and previous to his death the patient was very much convulsed. The medicines given chiefly during the first part of his illness were *arsenicum iodatum 3x* and *phosph. 2*. In this case the meningitis may have been the result of considerable mental anguish, to which he was subjected throughout the attack, but I think it quite reasonable to suppose that tubercle may have set up both the lung and the meningeal trouble. When in cases of pulmonary disease the expectoration of pure blood has been the first symptom to attract notice, experience has taught me to suspect tubercle.

Case 9. Mary P., æt. 56. Scirrhus of uterus. In watching the cases of scirrhus that have come under my notice, in which for one reason or another it has been impossible to carry out surgical treatment, I have come to the conclusion that under homœopathic medication the disease takes longer to destroy life, and that the pain—the agonising feature of this disease—can be wonderfully controlled by our medicines, and our patients are thus saved to a great extent from the evils which accompany the free administration of opiates, which is all that old school medicine has to recommend. This particular patient, up to the time of her death, was always wonderfully relieved by *arsenicum 3x* trituration, 2 grain doses. I have never seen a case of scirrhus disappear under homœopathic treatment, but *conium* and *hydrastis* I place next to *arsenicum* for the power they possess in relieving the pain and checking the progress of the disease.

Case 10. John R., æt. 62. Carcinoma of pylorus (probably encephaloid). In this case the patient suffered very little pain; the stomach became enormously distended owing to the constriction of the pyloric orifice, and he died exhausted from continual vomiting. The characteristic

"coffee-ground" vomit did not show itself till within a week of his death. At the suggestion of Dr. Galley Blackley, who saw the case with me, I tried feeding him by the rectum only, and washing the stomach out three or four times a day with tepid water, but it did no good.

Case 11. Edward H., æt. 66. This was a case of malignant tumour in the right side of the abdomen, and probably growing from the mesentery. A large abscess connected with the tumour broke through the abdominal wall near the umbilicus some weeks before his death, and a large quantity of horrible pus and blood was discharged therefrom. This for a time appeared to give the patient much relief; finally, however, the lower limbs and abdomen became tremendously dropsical from pressure on the vena cava; the urine eventually became suppressed, and uræmia brought the case to an end. In this case, when the dropsy was rapidly spreading upwards, *digitalis* and *apocynum* and Hollands gin did good service in very largely increasing the amount of urine that was excreted, and no doubt the patient's life was thereby prolonged.

Case 12. Wm. S., æt. 65. This man having been accustomed during the whole of his life to the moderate use of alcoholic stimulants, had for 4 or 5 months prior to his last illness been trying total abstinence, and I think a good deal on this account, had run down very much in health. It was a case of ulcerative stomatitis. The mouth was in a dreadful condition; the teeth, especially those in the lower jaw opposite the orifices of Wharton's ducts, were loaded with tartar, and the gums much swollen, spongy, ulcerated in many places, and bleeding on the slightest touch. He was also very anæmic. Under *arsenicum*, *mercurius corrosivus*, *hydrastis can.* and *acidum nitricum*, and with a mouth wash, first of *permanganate of potash* and then of *chlorate of potash*, he certainly held his ground, and perhaps improved a little for a fortnight; but 2 days before his death a large slough, which had formed on the gum connected with the right lower molar teeth, began slowly to separate, and was attended by frequent and severe attacks of hæmorrhage. The exhaustion caused by the loss of blood killed him.

*Glycerine of tannic acid* applied locally, on each occasion that I used it effectually checked the hæmorrhage for the time. I used a pad of absorbent cotton-wool thoroughly soaked in it.



The difficulty, however, was not having a trained nurse to attend to this in my absence, the result being that if the pad moved out of position the hæmorrhage was apt to return, and before I could get to his bedside a large quantity of blood had been lost. It is astonishing the amount of prejudice that still exists in the minds of some people against hospital nurses.

Case 13. A child 9 weeks old, died of acute diarrhœa, caused by artificial feeding. This case was almost hopeless when I was called in. The alloëopathic doctor, who had previously been in attendance, was giving a mixture containing *ingluvin* and another mixture of *bismuth*; previously he had given some powders and a tonic mixture containing *iron*. Homœopathy was tried as a last resource, as the child vomited all the medicine. I may also mention the doctor had ordered Brand's essence of beef and champagne.

Case 14. Eliza H., æt. 73. A case of old-standing mitral regurgitation. The cause of death was passive congestion of the lungs and hæmoptysis.

Cases 15 and 16. The one, a gentleman, æt. 90, died of old age; and the other, an infant, died 30 hours after birth from immaturity.

Case 17. Robert B., æt. 54. A case of disseminated sclerosis of the brain and spinal cord. The disease commenced about 18 months before death, and the trembling and weakness were first felt in the left lower limb. *Acidum picricum*, suggested by Dr. Blackley, did no good. I think the extension of the sclerosis for a time at any rate was prevented by giving *belladonna* and *gelsemium* steadily. These medicines would act, I suppose, by reducing the hyperæmia which precedes the degeneration. *Ignatia* was also sometimes very useful in relieving mental depression and hysterical symptoms that occurred. For two or three months prior to his death he was nearly blind from cataract in both eyes, and his mental and moral condition rapidly deteriorated. He was at times excessively violent and unmanageable, and apparently suffered great pain in the right side of his head. We were making preparations to have him removed to a private asylum, when he had an apoplectic seizure, gradually became comatose, and died four-and-a-half days after the attack. Full doses of *cannabis indica* were certainly useful towards the end in keeping him quiet and preventing him injuring himself or others.

Case 18. Jessie M., æt. 2 years 8 months. This, the last case, was the only one of acute tubercular meningitis that I had last year. She was under my treatment 10 days, but the disease went steadily on through its different stages, uninfluenced apparently by any of the remedies I prescribed. I have altogether treated 11 cases of this dire disease of childhood, but unfortunately without having had a single successful case; and this fact, together with knowing as I do that some of the members of this Society have been more fortunate than myself, tempted me specially to refer to this disease in the hope that when the discussion time arrived, members would dwell chiefly on the results they have obtained from treatment in these cases. In one of my cases, that of a boy æt. 5, in whom effusion had already commenced when I was called to him, *gelsemium* and *veratrum viride* given alternately, undoubtedly checked the effusion, and the boy became quite conscious. It was only, however, for about twenty-four hours that he remained so; he then relapsed and died in a state of complete coma. I am inclined to place more confidence in *gelsem.*, *ver. vir.* and *calcareæ carb.* (high dilution) than in any other medicines, giving *gelsemium* and *calcareæ carb.* in the first or irritative stage, and *ver. vir.* and *calcareæ carb.* when effusion threatens. I hoped that my friend Dr. Johnston, of Maidstone, would have been with us to-night as a visitor. He has cured three cases at least of what he has no doubt at all were acute tubercular meningitis, with very small doses (one-third grain up to one grain) of *bromide of potassium*, as recommended by Hale, of America. One of the successful cases was a child of his own, and was the first he tried it upon. He insists upon the necessity of persevering with the drug even if it appear to be for some days doing no good. Dr. Johnston's eldest child died of acute tubercular meningitis.

*Belladonna*, *bryonia*, *helleborus* and *sulphur*, I have tried time after time according to the indications laid down by Hughes in his *Therapeutics*, but without seeing much, if any, benefit therefrom.

If the children are brought to us in what I may call the pre-tubercular stage, before the manifestation of any distinct head symptoms, we may then I believe by careful treatment ward off the tubercular deposit.

DISCUSSION.

Dr. ROTH was glad Dr. Noble had had the courage to bring before the Society a paper on his failures. We often learned more from our failures than from our successes. Dr. Roth had had no practice with acute cases for many years. In his early professional life he had cured several cases of meningitis, apparently tubercular, with the hot-water treatment—the child being placed in a bath up to his neck, and cold water being poured on his head.

Dr. DUDGEON felt disposed to consider all those cases which ended fatally as tubercular, and all those in which recovery took place as cases of simple meningitis, though he could not distinguish between them by symptoms. In one case of meningitis he treated, the right arm made a continuous circular motion, which led him to give *hyoscyamus*, and the child got well.

Dr. HUGHES said the solitary success he had had was with *calc.-carb.* 30, and he believed this was a genuine tubercular case. The elder sister of the patient had died of it. There was the peculiar earthy complexion. Dr. Hughes agreed with Dr. Noble as to the favourable results of homœopathic treatment in cancer. In capillary bronchitis *tartar emetic* was the great remedy. When the medium-sized tubes were chiefly involved *kali bichrom.* and *aconite*, and *bryonia* and *aconite* where the larger tubes only were affected.

Dr. GOLDSBROUGH doubted the efficacy of *bromide of potassium* in cases of meningitis. He thought we should rather question our diagnosis. We must seek to check the disease at the onset. He had seen two cases in his own practice. In one which occurred in that of Mr. Harris, the patient—a child—was insensible for eight weeks. He recovered, but remained totally deaf, and was now in Earlswood. *Calcarea carbonica* relieved the grave symptoms. He was interested in hearing of the efficacy of the *iodide of arsenic* in pneumonia, and there was another medicine which he thought ought to come more to the front, especially in women; he referred to *stannum*. He had given it in one case with excellent results. As a rule, *antimonium tartaricum* acted best, in his experience, in the sixth dilution; while in many cases *phosphorus* and *ipêcacuanha* seemed even more useful than the *antimony*.

Dr. CLARKE mentioned a case where there were all the symptoms of tubercular meningitis, which got quite well under *calc. carb.* 30 and *bell.* 8. Another case of congenital hydrocele and hydrocephalus, which also recovered under *bry.* 1. A case of Dr. MacLagan's got well by shaving the head and applying cold externally and *calomel* internally.

Dr. MURRAY mentioned a case of scirrhus with multiple secondary deposits in the skin, where there was much benefit, and, in fact, arrest of the disease by *calcareo carb.* and *arsenicum* chiefly. He had seen two cases of tubercular meningitis, or apparently such. One case had been pronounced hopeless by the allopathic doctors in attendance. Dr. Murray was requested to take up the case, and under *bry.* and *bell.* he recovered completely. The other case did not respond to treatment, and ended fatally.

Dr. RENNER had had no experience with the homœopathic treatment of tubercular meningitis. He drew attention to the fact that sometimes children had symptoms of tubercular meningitis and got well; afterwards they had another attack and succumbed, the *post-mortem* showing that there was old as well as new tubercular deposit.

Dr. EDWARD BLAKE, applauding the courage of Dr. Noble in avowing his failures, would urge him to try sustained and prolonged inhalations in chronic laryngeal disease; these were of the utmost value, too, in pneumonic abscess. Cough—especially hoarse, dry, cavernous, noisy, cough on lying down—he had seen promptly stopped by *nux vomica*. The administration of *lycopodium* for pneumonia, because of flapping nostrils, Dr. B. viewed as a piece of discreditable routinism which should be eliminated from textbooks. As all disorders which had the common property of inducing sudden dyspnoea in the very young would also induce flapping of the *alæ nasi*, diseases differing widely in course and character, how unreasonable to suppose that they could all be benefited by a remedy exerting not much marked action on the respiratory function excepting by sympathy or by anatomical association with the abdomen. Carcinoma, in its various forms, with the exception of abdominal cancer, he had found to be so materially modified by homœopathic treatment that, remembering this, and considering too its latest histologic features, he looked forward with sanguine hope to the time when a more highly elaborated system of specifics would rob this dreaded disease of its terrors. Stomatitis he had seen produced by different forms of aliment containing *ergot* or *tartrate of potash*. Had recently seen a case of profound anæmia where the use of wine had kept up a chronic vesication of the tongue. Thought we could not expect to do much in cases of such long standing, and pronounced tissue-innutrition as tubercular meningitis suggested. Agreed with Dr. Clarke that *stannum* ought to be serviceable in pneumonic abscess. As the chief provings had been made with the *bichloride of tin*, Dr. Blake thought we should employ that form of the drug in pelvic cases where pneumonic abscess was present.

Dr. YELDEHAM, commending the skill and courage displayed in Dr. Noble's paper, remarked that too much reticence with respect to our failures—for homœopathy, like other systems, had its failures—was apt to do harm by leading to disappointment and discouragement when it was found that it would not effect impossible cures, as it was often expected to do. As to the cases related in the paper, he would observe, first, as regarded hæmoptysis, that in the mild cases that commonly occurred in consumption, he had seldom found it necessary to resort to any special treatment, but, in copious hæmorrhage it was necessary to use appropriate remedies promptly, in order to avert a great danger; and besides those named in the paper, he had obtained excellent effects from the mother tincture of *china*, and also from *perchloride of iron* in extreme cases. As to meningitis, he was reluctantly compelled to re-echo the general admission of their too frequent failure to grapple successfully with that terrible disease. In the earlier and simple irritative stages of the complaint they could sometimes arrest its further progress, but when effusion had once set in, as indicated by partial, or complete immobility of the pupil, he had come to regard the case as hopeless. He had once, and only once, many years ago, during his allopathic practice, seen such a case recover under the influence of salivation with *mercury*—a most difficult thing to induce in a child. In cases of stomatomesis, to which he believed the author of the paper had referred, he had found excellent effects from *gallic acid* administered in palpable doses. With respect to cancer, he felt convinced that homœopathy exerted a very favourable influence over that disease, especially in its early stages. He had at that time under care two or three cases of scirrhus of the breast, in which the tumours were not only arrested in their growth, but were actually shrinking under the steady use of *arsenic* and *hydrastis*—the two principal remedies on which he relied. He found it of great importance to prescribe the latter of these remedies in sufficiently large doses—commonly as much as five drops of the mother tincture two or three times a day. He generally gave the two medicines on alternate days.

Dr. GALLEY BLACKLEY remembered two cases where he thought recovery had taken place from tubercular meningitis. In one case the child had been under him for some years. At first there were symptoms of hydrocephalus. *Calc.* and *bry.* were given for some weeks. Then *hellebore* 1x was given. The child is thriving. The *hellebore* was given persistently for months. Another case was treated in the same way with complete alleviation of the symptoms. He had had one case of pelvic sarcoma in which there was reflex vomiting, and nothing was retained on the stomach. Rectal feeding with peptonised foods was very

successful for a time. A case in which there had been hæmorrhage on the brain eleven years ago, remained well till fourteen days since, when he had a fall, hurting his head a little, but he thought little of it. After two days Dr. Blackley saw him. He was then semi-comatose; pupils contracted; the breathing was peculiar, and he was unable to expectorate. *Gelsemium*, which produces this condition, was given, and the next day he was much better.

Dr. NOBLE, in reply, thanked the members for the kind attention they had given to his paper; he had listened to the discussion with great interest, and had derived much valuable information which would be of great service to him when cases, similar to those he had described, came again under his care. The cases of tubercular meningitis, which Dr. Blackley had treated, were especially interesting to him. He, Dr. Noble, thought it was absurd that we should not be able to diagnose between tubercular and simple meningitis. He had cured several cases of simple meningitis. One recently in a family of healthy children; all the symptoms of tubercular meningitis were present, but on the ground of the family history both he and his assistant, Dr. Blair, excluded the idea of tubercle. The child had had a bad fall on the head some weeks before. *Kali brom.* seemed to do good, but complete relief only followed on the bursting of an abscess through the ear. Referring to the opinion, expressed by Dr. Blake, that abscess of the lung occurring below the entrance of the bronchial tube rarely had any tendency to heal, Dr. Noble related a case of abscess of the right lung which was perfectly cured by *phosphorus*. The patient came out of St. Thomas's Hospital to die. All the symptoms of hectic fever were present, and Dr. Noble was called in as a last resource. It was one of the cases which very early convinced him of the great value of homeopathy.

Dr. MACKECHNIE, in the chair, could but agree with most of those who had preceded him as to the hopelessness of cases of tubercular meningitis when once fully developed; but he had seen a case a few months ago, which, if not developed was approaching thereto; in this case he had given frequent doses of *iodide of calcium* 1x. and the child recovered. He always regarded *tartar emetic* as the chief medicine in capillary bronchitis. He thought that in cancer much could be done in the way of alleviation by carefully selected remedies. In the case of our lamented colleague, to whose memory the society had this evening paid its tribute of admiration, he had seen *mezerion* of great use in alleviating the distressing bone pains of *osteosarcoma*.

## DR. WILKS ON MEDICAL TREATMENT.

BY ALFRED C. POPE, M.D.

At the Midland Medical Society's meeting in Birmingham, last November, Dr. Wilks, of Guy's Hospital, delivered a discourse on Medical Treatment. No one in the profession of medicine possesses a clearer insight into the natural history of disease than does Dr. Wilks; neither is there any one more gifted with the power of conveying knowledge than he is; while the opportunities for the careful study and observation of the origin, progress, and ultimate consequences of morbid processes with which he has been favoured in the wards and *post mortem* examination room of Guy's cannot be surpassed. Hence, this address is one which will be read with interest and advantage by all practitioners of medicine.

Dr. Wilks' contributions to practical medicine have been of unquestionable value. His very scepticism of the value of drugs, as agencies which can be made to influence the course of disease; his conviction, that "so far from the medical man depending upon physic for his success, he never takes so high a position as when he gives none, and makes the friends of the patient stand aloof, and rely upon his superior knowledge;" and his repudiation at the College of Physicians in December, 1881, of "the notion that there is any doctrine in reference to therapeutics," have led him to that careful examination and minute elaboration of various other means of influencing health and disease which have been of material assistance to all medical men in the treatment of patients. "There is much," he says, in the address before us, "to be learned quite outside, and, I maintain, anterior to the question of physic giving." This is perfectly true. The illustration given of this truth is as follows: "If a medical man know that alcohol produces cirrhosis of the liver, inform his patient of the fact, and remove it in time, he is pursuing" a rigidly scientific method. "If, also, under more complex conditions, he can discover the circumstances which favour or arrest the development of disease, and he act upon this knowledge, he is still following a strictly scientific procedure."

True as all this is, it is after all but one side—an important side indeed—but nevertheless only one side of therapeutics. The earnestness with which Dr. Wilks impresses the importance of what no one questions, and

the contemptuous manner in which he refers to "physic-giving," lay him open to the suspicion that he desires to depreciate unduly the remedial properties of drugs and to call in question the power of the physician advantageously to influence the tissues and functions of the body through their action. "All systems, therefore," says Dr. Wilks, "which begin with the cure by drugs are erroneous, narrow in principle and savour of quackery, as making a direct appeal to popular feeling. \* \* \* This is my principal objection to a wide-spread heretical system; for its foundation is in physic-giving and the treatment of symptoms. Every lady can carry her chest of medicines in her pocket, with a little book containing directions for the use of its contents." *The Lancet* (November 28th), in a leading article, informed us that this passage refers to homœopathy. Dr. Dudgeon accordingly wrote an excellent letter to that periodical, showing how glaring was Dr. Wilks' and its own misrepresentation of this therapeutic method.\* It was not published, however, for though *The Lancet*, with that brazen-face hypocrisy which has ever characterised its management, takes for the motto of its correspondence columns, *audi alteram partem*, it is none the less fully determined to prevent its readers knowing the truth about homœopathy. It dare not allow them to do so.

In thus questioning, if not denying, the efficacy of drugs as remedies, Dr. Wilks makes a great and serious error. He is persuading the physician to lay aside a powerful weapon. Important and necessary as are the therapeutic measures for the prevention and control of disease, for which he contends, the rightly chosen drug also has its place and value in medical treatment. What this place is Dr. Wilks does not know and therefore denies the existence of any. His experience has taught him that drugs are, for the most part, useless; it has so taught him, because he has rarely used them aright. The denial that there is any doctrine in reference to therapeutics, effectually deprives him of any chance of learning how to use them. The following passage shows at once how essential it is to the scientific development of therapeutics that doctrine in reference thereto should be recognised, and how gross is the ignorance of any really useful mode of prescribing them, which prevails even among physicians who have raised

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\* *Homœopathic World*, January, 1886.



themselves to a position of eminence in the highest rank of the profession.

“It would be interesting,” says Dr. Wilks, “to know, at the present time, how many medicines are given from a knowledge of their use, and how many, because we consider them likely to do good by simply following the dictates of our minds. I mean when, for example, all of us, without exception, as far as I know, writes down on a piece of paper, measuring six inches by four, some drug for every trouble with which the patient presents himself, it would be rather difficult for us to give always a good reason for our action. I think it is not difficult for us to see that our art had not a scientific basis, but, on the contrary, was, like all other arts of ancient times, formed out of the fancies of the human mind. What we have been doing since, was not to begin afresh, but to take this huge *Materia Medica*, and gradually purge ourselves of the worthless articles, and endeavour to preserve those which time has proved valuable; and further, to endeavour to discover, by direct observation and exact experiment, the true nature of their action. Of a large number of the most valuable of these drugs there is no history of their introduction into medicine. Many, however, still keep up their fame, though probably valueless, because of some physiological action which accords with a purely imaginary notion of the nature of the disease in which they are given.”

From this passage we learn that many drugs are constantly being prescribed, the action of which is either unknown to the prescriber or he is unable to state clearly any reasons for prescribing them, that many drugs have been weeded out of the *Materia Medica*, on the assumption that they are worthless—an assumption based on ignorance of their action; and that now an endeavour is being made to ascertain by observation and exact experiment the true nature of their action, or, as Hahnemann put it nearly a century ago, “The power capable of altering a man’s health which lies hid in the inner nature of medicines, is not of itself discoverable by us, in any way, by a mere effort of reason; it is only by experience of the phenomena it displays when acting on the health of man, that it can be learned and that distinctly.” — *Organon der Heilkunst*, § xx.

Notwithstanding, however, that “those who are the most esteemed cultivators of this branch of medicine believe that the method is first, to observe the action of a drug on a healthy animal, or on man, and thus make the result applicable to pathological states,” and in so doing raise

pharmacology to a branch of science, Dr. Wilks is, he says, "reluctant to hold this view in its entirety, because the method has seemed to me to have often failed when put into practice, and so brought discredit upon the therapeutic art." The illustrations he gives of the results of observations of this kind, so far as they are known to him, strikingly show the absolute necessity of a therapeutic doctrine, and not only that, but of a therapeutic doctrine that shall direct physicians to a curative, in distinction to a merely palliative use of drugs, the action of which has been learned from experiment upon man.

As a well marked example of "the correct application of a known action in a drug" he refers to the employment of "*nitrite of amyl* in angina pectoris, owing to its ascertained antispasmodic qualities." It was more than this, however; it was its power to relax the muscular fibre of the *heart* that led to the use of it. Many drugs are said to have "antispasmodic qualities," but neither of them would avail to relieve the spasm of the *heart*, which threatens to cut short life in angina pectoris. *Nitrite of amyl*, however, does not *cure* angina pectoris, from whatever cause arising. It is but a palliative, albeit a very valuable palliative.

The second illustration is thus introduced: "It is true that experiments with *digitalis* show similar results to those observed when it is given as a remedy in disease of the heart; but it is quite another thing to assert that the results obtained, in the first place, by experiments on animals, would have suggested its use in the case of the feeble, irregular heart of mitral disease." Quite another thing, truly, *in the absence of therapeutic doctrine*. But bring the doctrine *similia similibus curentur* to bear upon these experiments, or rather upon experiments on man, and the results obtained would have suggested its use in precisely these very cases. As Hahnemann wrote, in the preface to his article on this drug, in 1825, "From the following symptoms, which are by no means complete as to their number, it is undeniably evident that the morbid conditions of a chronic character, physicians have sometimes hitherto cured with *foxglove*, were all, without exception, cured homœopathically, although they were unaware of the fact." (*Materia Medica Pura*, English Edition.)

*Strychnia* provides the third illustration. "This excites the spinal cord and throws the creature into movement,

therefore, it must be a remedy for paralysis. A human being cannot move his arms or legs, but this drug shall throw them into action. Now I have seen hundreds—many hundreds—of persons with paralysis take *strychnia*, and I never remember to have seen it of any service. I should regard it as almost a useless remedy in this disease. On the other hand, it is most valuable in gastric and intestinal weakness, but I am not aware that its administration in these disorders was due to any suggestion of the physiologist." Here again, lack of knowledge of a therapeutic doctrine has rendered the investigations of the pharmacologist worthless to Dr. Wilks! "*Strychnia* excites the spinal cord and throws the creature into movement," and Dr. Wilks adds, "therefore it must be a remedy for paralysis!" If the law of similars were not the true indicator of the circumstances under which a drug becomes a remedy, it might be possible to admit the validity of this "therefore," but as it is true, no one will be surprised that Dr. Wilks has never observed any benefit to arise from *strychnia* in the many hundreds of cases of paralysis in which he has seen it prescribed. On the contrary, the very fact that it does produce this spinal excitement would be sufficient to convince a scientific and practical pharmacologist of the complete accuracy of Dr. Richard Hughes statement, that the "internal use of this drug as a remedy for paralysis of central origin has been fraught with disappointment, and has frequently wrought mischief when the condition of the nervous centres has been one of congestion or inflammation." On the other hand, those very "cases of gastric and intestinal weakness," in which Dr. Wilks says that it is most valuable, are precisely those to the treatment of which by *nux vomica*, the homœopathic physician was naturally led by the symptoms it evokes in healthy persons! Moreover, it has been chiefly, if not entirely, through his influence that *nux vomica* or *strychnia* has, in recent years, come to be so commonly prescribed in cases of this kind. He has so employed it since 1830, at any rate; while in 1848 such disorders are not so much as alluded to as amenable to its influence by Christison in his *Dispensatory*, who tells us that its use is almost confined to cases of chronic palsy—exactly those where Dr. Wilks most truly says it is worthless!

"Take another drug," continues Dr. Wilks, "*conium*."

The experimenter showed how it rendered inactive the motor columns of the spinal cord, and therefore it was a remedy for chorea. It was given largely, even to poisonous doses, and then put aside as valueless. It might have been anticipated that a disease which was not arrested by such powerful sedatives as *opium* or *chloroform* was not to be subdued by *conium*." Of course it might; but then the observer who first inferred from his pharmacological experiments that *conium* would prove a serviceable remedy in chorea is one of those who repudiates the idea of there being any doctrine in reference to therapeutics—who regards the physician who recognises the principle of *similia similibus curentur* as the basis of drug selection as one who is "blindly led by an unscientific dogma;" he labours under the delusion that, in treating a spasmodic disease by a special central-paralysing agent, he "simply follows nature." He is, in reality, doing nothing of the kind, but following his idea of a natural process, and the result shows that his idea is an utterly erroneous one. Dr. John Harley's experiments with hemlock are valuable, and have been and are capable of being turned to most excellent therapeutic account, albeit his *inferences* from them have been justly "put aside as valueless" by those who are content to be "blindly led by unscientific" notions of the operations of nature. Once bring the law of similars to bear upon their therapeutic application and their importance as contributions to scientific pharmacology will appear.

"Then, again," says Dr. Wilks, "there is *phosphorus*. This was a scientific remedy, because the brain contained it, but doomed soon to become ridiculous, when the public believed their minds were being invigorated by swallowing zoedone. I never remember seeing more than one patient the better after taking *phosphorus*, and therefore I am bound to look upon this as a coincidence. In my private pharmacopœia I have attached to the word *phosphorus* the name 'humbug.'"

The idea that *phosphorus* is a scientific remedy because the brain contains it is certainly one of the most preposterous ever broached! If Dr. Wilks has been in the habit of prescribing *phosphorus*, because the symptoms of his patient led him to suppose that his due cerebral proportion thereof was deficient, no one, who knows how, when, and where to prescribe this invaluable medicine will be surprised at his confession that he has not seen more

than one patient the better after taking *phosphorus*! Dr. Wilks regards this single good result as a coincidence; possibly it was a "fluke," as the billiard player calls a happy accident! Perchance the patient's symptoms were similar to those excited by *phosphorus*, a circumstance which the repudiator of doctrine in reference to therapeutics would naturally fail to notice. Because Dr. Wilks has prescribed *phosphorus* in entire ignorance of how, when, and where to advise its use, and has consequently failed to benefit his patients with it, he dubs it "humbug." Those, on the other hand, who for the last fifty years have been in the habit of using it in disease, in harmony with what Dr. John Harley calls an "unscientific dogma," have, by so doing, done a large amount of good in some cases of so-called pernicious anæmia, hæmophilia, hæmorrhagic purpura and encephaloid disease, of pneumonia, bronchitis, and fatty degeneration of the heart and arteries, of acute yellow atrophy of the liver, of pseudo-hypertrophic paralysis, and some other forms of disease. Clinical evidence of the value of *phosphorus* in curing and relieving such diseases as these has been accumulating in different parts of the world for fifty years, and the consulting physician of one of the most important hospitals in Great Britain has never seen any advantage from using it except once, and publicly declares that he regards it as "humbug!" All this has arisen because he repudiates the idea of the existence of doctrine in reference to therapeutics! Such results as have followed the use of *phosphorus* by homœopathic physicians could not have been obtained had there not been a therapeutic doctrine; nay, more, such results never would have been attained if this therapeutic doctrine had not been that expressed by the formula *similia similibus curentur*.

The last of these illustrations of the inadequacy of pharmacological experiment, *minus* therapeutic doctrine, to benefit therapeutics is as follows:—

"Another good example is the use of *digitalis* in disease, owing to its supposed physiological effects. I have, within the last week, seen it given in pericarditis, typhoid fever and pneumonia, in order to lower the rapidity of the pulse, and on different occasions in, I believe, every known disease where the action of the heart is quickened. No remedy, at the present time, seems more popular amongst medical men; but I have failed to learn that in a single instance it has had any marked effect. It seems to me, on theoretical principles, not possible that a remedy should

act in the manner hoped for when the rapidity of the heart's movements depends upon many different causes; the only true way to discover its value is to make clinical observations of its action in the different diseases in which it is administered. The application of a physiological result to morbid processes, to my mind, in this and many other cases, has been fraught with harm, and I cannot regard the method as truly scientific."

"Why is this thusly?" as Artemus Ward would say. Simply because Dr. Wilks, and those practitioners who have consulted him about their patients, repudiate the notion of doctrine in reference to therapeutics. *Digitalis* is not homœopathic to pericarditis, to typhoid—pure and simple—or to pneumonia, in cases where the heart is mechanically sound. To prescribe *digitalis* because the action of the heart is quick is to make a therapeutic blunder. It is a mistaken "application of a physiological result to a morbid process," and so far from being "truly scientific," it is, indeed, truly mischievous. Admit the truth of the therapeutic doctrine *similia similibus curentur*, and the precise therapeutic sphere of *digitalis* is, as experience has proved, at once determined. Dr. Wilks will not do this; on the contrary, he tells his hearers and readers that "the only true way to discover its value is to make clinical observations of its action in the different diseases in which it is administered." This reminds me forcibly of the story of a Bradford quack, who, being called to a shoemaker suffering from a fever of some sort, dosed him with whisky. He recovered, and the quack made a memorandum in his note book, "whisky cures fever." Presently he was sent for to see a tailor who also had fever. He gave him whisky, and he died. Then he wrote—"Mem: What cures a cobbler kills a tailor." Clinical observation as to the action of medicines, undirected by therapeutic doctrine, is both dangerous and worthless; and, moreover, is, on ethical grounds, unjustifiable. A physician has no right to treat his patient as a subject of experimental investigation. It has been said that the administration of every dose of medicine is an experiment. It need not be so. Given a therapeutic doctrine, and it is not so. Without a therapeutic doctrine, it is ever so.

In continuation of the sentences just quoted, Dr. Wilks adds:—

"Do not mistake me. I do not decry the knowledge obtained by an experiment on a healthy animal, for we ought to be in

possession of this in order to compare it with the results observed in states of disease. It is one thing to deny that the action of *bromide of potassium* on a healthy animal would ever have led to its use in epilepsy; and another to deny that its action on a healthy animal could assist us in explaining its use in epilepsy and other disorders. Or, again, although experiments with *arsenic* would never suggest its great power in neuralgia and anæmia, they might throw a light upon its action when these are known."

This *ex post facto* style of therapeutic investigation is a necessary consequence of the repudiation of doctrine in reference to therapeutics. But those who propose to undertake it may well be reminded that it was by comparing the known physiological effects of a large number of drugs with recorded cases of cure by them, that confirmed Hahnemann in the view he took that *similia similibus curentur* had a far wider range as a therapeutic doctrine than Hippocrates ever supposed it to possess, and that any further enquiry of the same kind can but lead to the same result.

Whatever may be advanced in support of the idea that *bromide of potassium* cures epilepsy (and hitherto it seems to have effected little more than to suspend the epileptic paroxysm at the expense of the intellectual power of the patient—as the late Dr. Bazire concluded that it would do\*), no one can study the almost innumerable records of the physiological action of *arsenic* without noticing how very *similar* many of them are to that form of anæmia known as "pernicious," and to many cases of neuralgia. These applications of *arsenic* may be among the many of the most valuable, "of which," Dr. Wilks says, "there is no history of their introduction into medicine." Nevertheless, the study of its physiological action could not have failed to show to the acceptor of the doctrine of similars that it was a remedy in such conditions.

So far are these illustrations from confirming the view Dr. Wilks takes—that the experimental investigation of the action of drugs has often failed when put into practice, and hence has brought discredit upon the therapeutic art—that they prove, so far as they go, that this method will teach us how a drug may be used as a *palliative*, and when the doctrine of similars directs the use of the information gained,

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\* Trousseau's *Lectures on Clinical Medicine*, vol. i.

the *curative* action of a medicine. They also show that where no therapeutic doctrine is employed to illuminate the resulting researches they are of very little practical value.

It is not the *method of enquiry* now commonly pursued—and first proposed to any practical purpose by Hahnemann in 1796, in his essay in *Hufeland's Journal*, "*On a New Principle for Ascertaining the Curative Powers of Drugs*"—that is in fault, but the failure to recognise that the effects of drugs on healthy men and animals cannot be turned to any useful therapeutic account unless therapeutic doctrine directs their application; that they cannot be employed so as to produce *curative* results, *unless* this doctrine is that expressed in the formula *similia similibus curentur*.

Dr. Wilks says that his "principal objection to a widespread heretical system"—by which we are to understand that he means homœopathy—is that "its foundation is physic-giving and the treatment of symptoms." If this is his principal objection it is not a very formidable one. The whole end and aim of homœopathy is, it is true, physic-giving. But no medical man who adopts this method of prescribing ever dreamed of confining his remedial measures to physic-giving. He is as alive to the necessity and advantage of withholding alcohol in cases of cirrhosis of the liver as Dr. Wilks, or any other educated physician. Diet, clothing, exercise, bathing, and every other means by which the health of a sick man may be modified, are as carefully studied and as fully comprised in the directions given to a patient by the physician who practises homœopathically, as they are by the veriest sceptic as to the utility of physic-giving in any form.

No physician living at the close of the last century gave instructions so clear, so minute, or for the period, so advanced in everything represented by the word *hygiene* as Hahnemann did; he was, indeed, the first medical writer to press upon the attention of the profession and the public the importance and necessity of *hygiene*. This will be apparent to any reader of his *Guide to the Radical Cure of Old Ulcers*, published in 1784,\* and of his *Friend of Health*, which appeared in 1792.†

\* *British Journal of Homœopathy*, xlii., p. 101, et. seq.

† *Lesser Writings*, p. 189.



Neither Hahnemann, nor any physician who has followed his method of investigating and prescribing drugs, has ever contended that the whole art of medical treatment consisted in physic-giving.

In the *Organon der Heilkunst*, § iii., Hahnemann thus describes the elements of successful treatment:—

“ If the physician clearly perceives what is to be cured in disease, that is to say, in every individual case of disease, if he clearly perceives what is curative in medicines, that is to say, in each individual medicine ; and if he knows how to apply, according to clearly defined principles, what is curative in medicines, to what he has discovered to be undoubtedly morbid in the patient, so that recovery must ensue, to apply it as well in respect to the suitability of the medicine most adapted for its mode of action to the case before him, as also in respect to the exact mode of preparation and quantity of it required, and to the proper period for repeating the dose ; if finally, he knows the obstacles to recovery in each case and is aware how to remove them, so that the restoration may be permanent, then he understands how to heal judiciously and rationally, and he is a true practitioner of the healing art.”

What Hahnemann here intends by “ obstacles to recovery,” Dr. Wilks refers to as that which is outside and anterior to physic-giving.

Homœopathy is, in short, technical or applied pharmacology ; it refers only to that part of medical treatment which involves the administration of medicine, and makes no claim to be regarded as the Alpha and Omega of therapeutics.

Dr. Wilks' principal objection to homœopathy is therefore founded—as most other objections to it are founded—on a misconception of the meaning and intent of the word, and cannot be sustained except by applying to it an interpretation never given either by Hahnemann or any of his followers.

Medical treatment, in the view of Dr. Wilks, consists in hygiene *minus* drugs ; in that of the physician who practises homœopathy it consists in hygiene *plus* drugs. There is no doctrine in reference to therapeutics, says Dr. Wilks ; the followers of Hahnemann have, for nearly a century, proved by daily successful practice in every part of the world, that there is doctrine in reference to therapeutics, and that this doctrine is expressed by the words *similia similibus curentur*. Not until the members of the medical

profession generally put this doctrine into practice will they rise above that dead level of empiricism, the unsatisfactory results of which find expression in every address on therapeutics delivered by physicians of experience. In no more important, no more profitable research can a practitioner of medicine engage than in endeavouring to adapt the application of the accumulated results of pharmacological enquiries to clinical work. In homœopathy, and in homœopathy alone, will he find the problem to be solved.

Tunbridge Wells, January 8, 1886.

## LECTURE ON HOMŒOPATHY.

By C. WESSELHÆFT, M.D.,

Professor of Pathology and Therapeutics in the University of Boston.

(Continued from page 34.)

5. *What doctrines of the regular school are most objected to by homœopaths?*

The statement that homœopathy, if not practical, is nothing, may have justly surprised you, as it may imply that alloëopathy is not practical. Allow me as briefly as possible to illustrate our position, which is to heal the sick entirely, quickly and agreeably, by means of medicines; that is to say, homœopathy, with its formula of similars, refers exclusively to the use of medicinal substances in disease. We aim to get at the working-powers of medicines in the most practical manner, and believe, that compared with our principles, reduced to methods of getting at the practical forces of actually healing by means of medicine, the alloëopathic school is less practical.

We hold that the methods employed within the alloëopathic school, of obtaining knowledge of drugs, are not practical; because the methods of obtaining such knowledge, though often leading to intricate though plausible results, these results involve an hypothesis which requires a theory for its support. Take, for instance, familiar examples of *atropia*, *morphia*, *strychnia*, *eserine*. If these substances are to be used for the actual purpose of healing by virtue of *the reasons* of their physiological effects, very few curative, or even palliative, results could be recorded. You would have to know the precise difference

between, *e.g.*, a stimulating, an inhibitory, a paralyzing effect, in order to apply these effects to a given case. Such differences are not definable.

Then consider also, that, even if it were within human ability to differentiate these hypotheses and theories regarding drugs with exactitude, it would be impossible to know, in any case of disease, which of those physiological effects are to be employed. If an hypothesis with a plausible theory of the action of a given *drug* is difficult to establish, it is vastly more so with regard to a *disease*. Homœopaths know that physicians, when called to the bedside of patients, have no time to ponder on such hypotheses and their theories; they must act quickly, and at the same time safely, in the work of curing. Theorising would not be safe; neither would it lead to curative results to reduce hypotheses and theories to dogmatic rules and routine. There is no choice for the conscientious allœopathic physician but to apply strictly theoretical knowledge, and none for the less learned but to resort to thoughtless routine in the application of hypotheses reduced to dogmatic rules, or, at best, empirical rules regardless of any hypothesis and theory.

Homœopaths object to this as a dangerous waste of time at the bedside, or as unsafe routine and empiricism.

Homœopaths seek a shorter and safer way, and strive to avoid delay. But they acknowledge, at the same time, that the "regular school" is really practical only whenever it is *truly empirical*. Whenever experience, accidentally or methodically obtained, points the way to an actual cure, *there* we meet on more common ground, for there hypothesis and theory become matters of less than secondary importance. *Belladonna* dilates the pupil, *eserine* contracts it; *morphia* produces freedom from pain and causes sleep; *quinia* breaks up paroxysms of intermittent fever, and so on. But here there is no application of these drugs according to hypothetical or theoretical reasons, but according to plain, well-known properties of drugs regardless of their reasons.

We think traditional methods of studying disease and drug effects *unavailable* for *present* needs. We desire some time to know the reason of a drug effect and of a disease effect, but the exigencies of hourly needs will not allow it. We strive to find a shorter road; that is, to take into account only what we can perceive clearly. *In daily practice*

*we think it unpractical to make these positively observed and easily observable facts subordinate to theoretical or even hypothetical data.*

Next to the methods of your school of investigating drug and disease effects, the homœopathist finds it advisable to *avoid polypharmacy* in all its forms. While a reasonable combination of compatible synergistic drugs may be desirable and practical, the homœopathist is aware, that, in the greatest number of instances of common "regular" practice, very little attention is paid to the kinds of substances combined or mixed; and he thinks, moreover, that drugs are not sufficiently well known by *either* school to warrant a combination of several, or to anticipate a favourable result from such combination. The homœopathist would regard such polypharmacy, not so much as an indication of precise knowledge, but rather as one of uncertainty. Regarding it simply as a practical question, the homœopathist would fear to lose time by compounds of drugs concerning each of which much is conjectured and comparatively little known, while he tries to gain time by one simple remedy whose positive effects are well known.

The homœopathist, furthermore, objects to *excess of dosage*, as which he regards that of the "regular" school. He clings to the idea that it is less practical, because less safe and less certain, to give in a certain case as much as the system will endure, than to give much less than that, or, as he calls it, just sufficient to effect a cure; for he dreads any medicinal complications of the case. He is aware that, while a liberal exhibition of drugs, such as *opium* and *quinia* compounded with various others, may take entire possession of the functions of the patient's organism, the drug effects often predominate over the disease symptoms to such a degree that it is impossible to distinguish one from the other; he is unable to know whether to attribute the coated tongue, bad breath, mental torpor, uncertain pulse and temperature, to the disease or to the drug substances taken in such cases.

He considers the giving of medicines in doses up to toleration practically unadvisable, because of the delay, if not danger. He reasons thus: We may not always prescribe correctly; indeed, we may often err; hence we must possess some means of correcting errors which the best physician cannot help committing. It is more difficult to correct errors resulting from polypharmacy and

large doses than to commit them ; hence he will employ single remedies which he can control more easily.

The homœopathist, furthermore, thinks it a disadvantage to push the dose to the verge of tolerance, because this method precludes the use of the most potent drugs, like *arsenic*, *phosphorus*, *strychnia*, *atropia*, and a host of others, which, by a simple mode of reduction, can be rendered more curative and safer, in the hands of even a nurse, than as usually prescribed by non-homœopathists.

6. *Does the homœopath ever feel justified in using remedies after the method of the regular school ?*

The homœopathist holds, or should hold, to the idea that his calling as a physician demands of him to be ready and able to employ those means of which he knows with reasonable certainty that they will serve his purpose best ; that is, to restore his patient's health.

Whenever the "regular school" is truly empirical, and thus gives us good sound practical facts in the form of results which we cannot ignore, we are bound to use such results for the benefit of our patients. We are practical men ; we reject nothing that is truly useful, and are free to admit that such practical facts may here and there fill up considerable gaps in the therapeutic use of our own *Materia Medica*.

As a matter of right, a homœopath should reserve unto himself the use of remedies according to other methods ; for he always sees with satisfaction, and encourages, the employment of homœopathic remedies on the part of the "regular" physicians.

Those homœopaths who would raise the cry of traitor or heretic in such a case, render the conversion of the obdurate regular school impossible. But the occasional use of alloœopathic medicines has been met by the "regular school" with the argument that homœopaths—using other than strictly homœopathic remedies—are guilty of inconsistency and wrong-doing. Such objections belong in the same category with those of the dogmatic minority of homœopaths. It is here that extremes meet, and display their absurdities.

To say that a homœopath should not use alloœopathic means of treatment, or that an allopath should on no account use a homœopathic remedy, is as absurd as to say that a blacksmith must on no account use a watchmaker's

file or drill, or to say that a carpenter must never, on pain of the everlasting displeasure of the fraternity of carpenters, use a carver's graver. The real position of homœopaths is, that they should conscientiously endeavour to make allopathic therapeutics superfluous by demonstrating the superiority of their own.

7. Explain "*similia similibus curantur.*" The election of the remedies is by the law of similars; the curative action, by the law of opposites.

As the above question rather assumes that an explanation will be given in accordance with the theory assumed, I will endeavour to answer it in that sense. It would not be difficult, but too long for our purposes to-night, to compile a list of analogues regarding the action of similars, from the therapeutic uses of medicines, as recommended in every non-homœopathic text book of *Materia Medica*, which, like Bartholow's, deals with simple drug-effects.

It is readily to be understood that the visible appreciable symptoms of a disease may resemble, or be similar to, the symptoms or signs produced by a drug, as far as language can express them; but it is yet a matter not fully understood, what the true similitude covers. The answer to this would be largely theoretical; therefore we prefer to adhere to simple methods, as represented by the example; e.g. that *belladonna* dilates the pupil, causes vertigo, and confusion of mind, hence we give it as a medicine in cases presenting these symptoms; but we do not stop then and there to decide the question, why or how it cures.

It may and it may not be that the decision of the question of what constitutes similarity or opposites would enable us to proceed in our curative efforts with greater ease and certainty. It is certainly desirable to institute the most exhaustive experimental researches in regard to the matter. As long as such researches are incomplete, or entirely wanting in both schools, conjecture cannot help us much.

Still, it is not unreasonable to ask for some suggestions on the point: these are already contained in the question. Practically, therefore, we make use of our formula in order to find a medicine for a given group of symptoms of a disease. If we succeed in establishing a greater or less degree of actual resemblance in a pathological and therapeutical sense, we often thus discover the remedy we need.

Similitude, then, furnishes us with the remedy. Its curative action, however, is not explained or made clear thereby; nor is that of immediate importance, as we have gained our end. It is, however, very plausible, if not probable, to say that the simple medicine acted in the direction of the ever-present tendency in the organism to return to the normal state. This tendency to re-establish its equilibrium of cell-life (*vis medicatrix*), being not always able to accomplish the return to the normal state unaided, may be assumed to have been aided or re-enforced in its efforts. But, after all, as there was something abnormal to be recovered from, or to be overcome or counteracted, in this sense the curative action may be said to have been antagonistic, although the outward similitude of medicinal to disease-effects had led to the finding of the medicine.

It is very certain, however, that where a cure is the actual result of a single drug, this cannot be assumed to have resulted from a variety of principles of action, but that there is probably only one curative principle underlying cures resulting at least from single remedies, by whatever school administered.

8. *Does the homœopathist only use such drugs as have been proven to produce in the healthy man the symptoms of the disease to be treated? How is he assured that the drug will produce the symptoms?*

This very fair question, like previous ones, should be answered categorically.

The homœopathist when strictly applying a remedy to a group of symptoms, always applies only those which result from provings. These provings are as correct as the results of any other form of experimental research; like all such, they have various values; hence, in our repertories and symptom-lists, you will usually find certain ones which are especially emphasized as having been frequently verified clinically; you will find others which have not been sufficiently verified, and marked accordingly; and, lastly, you will find in practical handbooks a variety of symptoms which were not derived from proving, but which occurred in the course of actually cured cases. Some of these are of much practical value. Homœopathists would not reject them on that account; hence they are retained in all practical guides, but they are excluded from books on "pure materia medica." This does not mean that all which is therein

contained is absolutely free from error, but simply that its purpose and intention is to record only the result of provings.

This answers the second part of your question, regarding the assurance that the drug will produce symptoms, or all the symptoms, to which it is applied. If we treat a group of symptoms which have not appeared in provings, but have a remedy which is known to have cured them, we readily make use of it, falling back on the time-honoured empirical method which we enjoy in common with all practical men.

Most homœopathsists assume, however, that, if a remedy cures a group of symptoms which as yet have not been developed by proving, it will, if more thoroughly tested, exhibit them. Till then, of course, we cannot be assured that it *will*. I should add that in our provings we cannot produce typical diseases: persons cannot be expected to subject themselves to such a degree of danger. Still, there are very numerous instances in which such cases have resulted from medicines, although they were not voluntary tests, but mostly accidental or intentional cases of poisoning. Homœopathsists avail themselves of such sources without exception, for they serve to verify and to complete provings which have to be made with milder and safer quantities.

9. *I am requested to select two common diseases, and show how their treatment is governed on homœopathic principles; such as diphtheria, syphilis, and acute diffuse peritonitis.*

To illustrate the homœopathic treatment of a case of peritonitis, called diffuse when it extends over a large portion of the serous membrane, we will assume that there is no doubt concerning the diagnosis; that our patient is confined to his bed, evincing all the signs of severe illness and anguish from the abdominal pains of more or less extensive peritoneal inflammation. We are to exert our knowledge and skill not only to relieve temporary suffering, but to arrest the pathological process by homœopathic medicines.

You will hardly perceive the difference between this method and the traditional one of your school, unless, perchance, you have carefully watched the treatment at your clinics.

In proceeding to therapeutic measures, the homœopathist remembers that he, or rather medicine in general, possesses



no specific for diffuse peritonitis. He calls to mind that this presents itself in a considerable variety of forms and phases, determined by its remote or its immediate cause, and again varied by the stages at which it may have arrived. He remembers that its remote cause may be an hereditary one of tuberculous or even syphilitic origin; that its proximate cause may be cold, exposure, or trauma; and that this disease is rare in persons of sound constitution, and hence that the case before him is serious in its nature.

While arriving at his diagnosis, he saves time by a double mental process; for he at once retains in his memory the useful indications in the form of positively known data: tubercular parentage, alcoholism, exposure to wet, violent exertion, violent accident, etc. The moment these are stated, there runs in the homœopathist's mind a parallel remembrance of remedial agents, perhaps six or eight in number. Of these he is easily reminded by his knowledge of the similitude of the indications of the present case to the pathogenetic effects of certain drugs. He holds these all in reserve for the present, and until he shall have familiarised himself with the details of the present state of the case. There must be nothing of haphazard or routine in the prescription, unless it is the routine of rapid thought and prompt decision. Thus he completes his record (aptly called by Germans *Krankheitsbild*, or "picture of the case"). This, if carefully and correctly viewed, is different in each case, and the doctor must be prepared with different remedial agencies.

Let us suppose that the visible tangible signs of an incipient case are: rigors over back and arms on least exposure by uncovering; they appeared suddenly in the evening; the cheeks are hot and red, and then great general heat and thirst; there is an intense burning pain in the umbilical region, or any other point, wherever the inflammation started, with painfully sensitive abdomen.

To the homœopathist such a set of symptoms would indicate *aconitum napellus*, one drop of the tincture, if you please, to each tablespoonful of water, administered each hour or two; but most would prefer the third decimal dilution given in the same form.

To say that a case of peritonitis always presents itself in this way would be a grave error. Supposing, then, that being called at another stage of the case we are likely to meet with another set of visible manifestations; the tender-

ness on being touched is much more marked, even the contact of the coverlid is intolerable; the pains otherwise are rather cramplike and paroxysmal, or piercing, increased by slight motion, causing profuse perspiration. Under such circumstances, the homœopathic remedy would be minute but dilute and repeated doses of *bryonia alba*, more particularly since ample clinical experience points to the almost unrivalled efficacy of this medicine in serous inflammations.

Let the case be one of traumatic origin, where the pains are not burning, like those of the first instance, neither pricking nor piercing, like those of the second, but characterised by persistent soreness, or bruised and crushed sensation; then *arnica montana* would be at once administered by us.

*Belladonna*, *rhus toxicodendron*, *arsenicum*, each has its special indications; and given an airy apartment, cool, cleanly applications to the abdomen, cool water *ad libitum*, and our patient will recover speedily in all cases where destructive pathological changes have not taken place; and those who have observed and compared the results of this treatment with those in which *alcohol* was substituted for water, *turpentine* for cool, cleanly compresses, where anodyne doses of *opium* or *morphia* were used to annul the pain, will be most favourably impressed by the simple, practical method of the homœopathist.

The treatment of diphtheria, though offering fewer chances of success on account of the terrible mortality resulting from its invasion, is nevertheless determined by the simple rule governing the selection of remedies. Having before us a case of this kind, we, as homœopathists, call to mind that we have no remedies for diagnostic names, but that we should search for a remedy adapted to the peculiarities of the prominent symptoms immediately present. Supposing these to be, great redness of the fauces, with difficult deglutition; the redness most marked in the lower part of the pharynx, which is highly vascular; we notice a white opalescent membrane, like the superficial mucous patches of syphilis, on the pillars of the soft palate and on the tonsils, together with swelling of the parotids and submaxillary glands. In this case our choice would be, most probably, *mercurius cyanatus*, known to us not only on account of its very close resemblance in effect to those symptoms, but also on account of considerable actual success following its use.

The medicine may best be given in solution of one of its potencies, every half-hour, or at intervals of several hours. You will find a very exhaustive report of the treatment of this disease, translated from the German, in the very last number of the *British Journal of Homœopathy*. Now, this does not end the variety of phenomena which the throat alone may present, each of which may call for another remedy.

Suppose the affection had taken the dreaded form known as diphtheritic croup, with wheezing or sawing respiration; dry, hacking cough, with such distress that the patient, perhaps a child, grasps its throat with its hand; the cough causes much soreness of the larynx, and the voice is hoarse or nearly gone. In such a case *iodine* or *spongia* would serve the homœopathist.

Here are only two broad distinctions, which in practice are often varied by differences of a less striking kind, but which the homœopathist regards as important.

To try your patience further, an allusion to another remedy in another disease seems almost unavoidable. This is *mercury* as used in syphilis in its varied forms. None can read or observe the effects of mercurialization without wondering why a medicine capable of producing effects so much like those of syphilis should be used by all physicians so universally in the treatment of that disease, and without recognizing a strongly marked *resemblance* in its effects to the characteristics of syphilis.

Among these effects there are the well-known mercurial sores, circular or oval, or with ragged, undermined edges, with its tendency to spread. At other times mercury produces ulcers, with whitish-gray bases, bleeding easily, and exuding thin matter.

The erythema caused by *mercury*, and the severe ulcerations following the coppery-red inflammations of the palate and pharynx, so carefully described and collated from all sources in our symptom-lists, bear out the assertion of the *relation of mercury to syphilis by its similitude*.

*Mercury* does not produce syphilis, but its effects resemble it. We use it therefore, and, I may add, with much success.

The doses in which these remedies are given, and their proper repetition, afford material for discussion among homœopathists. Some insist upon what are called "high" attenuations, also called "potencies;" other prefer a form

of preparation in which medicinal substance is demonstrably present. All agree, however, that a medicine, in order to be effective, should be so prepared that a small quantity, even an exceedingly minute fraction of a drop or grain, is made to *occupy a large space, thus serving the purpose better than a substantial or larger dose.*

The other portions of this questions may be, at least in part, comprised in the answers to the next question.

*(To be concluded.)*

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## SECRET ENEMIES OF MEDICAL EFFORT.

BY DR. PRÖLL

*(Continued from vol. xxviii. p. 28.)*

UNDULY prolonged retention of urine is, in many cases, the sole, but unacknowledged, cause of ill-health, and persistence in it a frequent source of the failure of the physician to benefit his patient. On visiting a patient in the morning and enquiring of the nurse what urine has been passed, I am frequently told there has been no desire for its avoidance expressed. On insisting on an effort being made, an amount has been passed the retention of which must have been injurious, and if continued would have been serious, by producing over distention of the bladder with all its consequences to the power of the organ, by the deposition of the salts of the urine in the fundus and ultimately by its re-absorption creating uræmia.

In school children neglect to empty the bladder is often seen as a cause of disease. Some time back I saw two children, one in Austria, a lad of fourteen years of age, and the other in Nice, a girl of twelve, who suffered from blood-spitting. No hereditary disposition to phthisis was traceable in either case; auscultation and percussion revealed no chest abnormality; careful enquiry into the health and mode of life of the children afforded no explanation of the hæmoptœe, but, on enquiring as to the frequency of micturition, I elicited the fact that in order to avoid leaving the school-room for a few minutes, and lest they should be regarded as mere idlers, they were in the habit of retaining their urine long after the necessity for passing it had been felt.

Just before leaving their homes, the children take their liquid breakfast; and an hour or an hour-and-a-half afterwards, the need to evacuate the bladder is felt. This fact is not recognised by the teachers, and the children who obey the call of nature are set down as merely desiring an excuse to escape their lessons.

The immediately pressing symptoms were relieved in both cases by *pulsatilla* within three days; but for their radical cure I addressed myself to the school authorities, representing to them the danger and responsibility they incurred in ignoring the teachings of physiology.

In the case of a young American lady, aged 16, who was being educated in a religious *pension*, a series of symptoms of disordered health, followed similar prolonged retention. She came to me complaining of loss of appetite, sleeplessness, and suffering also from convulsions, occurring chiefly at the menstrual period. The left leg was swollen and œdematous, and the urine albuminous. Here I found that the bladder had been allowed to remain unrelieved from morning until evening. She did not like to leave the school or lecture room, or wherever she might happen to be, when natural instinct warned her of the necessity. *Pulsatilla* afforded some relief, but not so speedily as in the two cases already referred to. Radical cure was effected by removing her to her parents' house, where she would be carefully looked after.

Over distention in women is even more prejudicial than in men, as by the pressure of the over-loaded bladder against the uterus that organ is rendered irritable, and gradually becomes retroverted.

Nice, December, 1885.

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## REVIEWS.

*The Life of Sir Robert Christison, Bart., M.D., D.C.L., LL.D., Professor of Materia Medica in the University of Edinburgh, Physician to the Queen for Scotland, &c.* Edited by his Sons. In 2 vols. Vol. I. Autobiography. Blackwood, Edinburgh and London. 1885.

It is said that a bishop in his night-shirt is not a very dignified object; and it may be said that a professor stripped to the skin loses much of his imposing appearance. In this autobiography Professor Christison may be said to display himself in, meta-

phorically speaking, his *nuda veritas*; to admit us, as it were, behind the scenes, and to show us the common-place materials of which even illustrious professors are constructed. Sir Robert Christison admits that his life has been "uneventful," and a perusal of his autobiography compels us to admit that he is right. It is rather depressing to read this large volume full of the small-beer chronicles of the very ordinary life of a successful physician, and a tolerable, though by no means very distinguished, professor of a branch of medicine which, in orthodox hands, proves always one of the driest and most sterile, because the key to the chaos of drug actions is wilfully and scornfully rejected by the orthodox pharmacologist.

The autobiography begins with its author's school days and terminates at rather an indefinite period, for though the connected narrative ends about 1872, throughout the volume there is introduced much matter of later date, indeed as late as 1879. Sir Robert's father was Professor of "Humanity"—which is modern Athenian for "Latin"—in the University of Edinburgh, so that having, as it were, imbibed Latin (and mathematics too, for his father was greatly addicted to that science), if not exactly with his mother's milk at all events with his father's porridge and milk, and having had the additional advantage of a private tutor, it is little wonder that he was at the top of his class in the high school one year out of the six he spent at school. Sir Robert's amusing vanity causes him to boast not a little of his superiority at school, and to minimize the advantages he possessed by being the son of a professor of Latinity and having a private tutor; the wonder is that with all these advantages he was not every year at the top of his class. A specimen of his Latin hexameters is given, on the merits of which we are not able to decide, but probably they are well enough for a boy of his age. Christison professes not to remember how it was that, in the sixth and last class, he occupied the third place from the top, the first being filled by a first-rate scholar, and the second by a boy who had stood below him in a previous class. He says, with naïve conceit, "my impression is, that the first place being unattainable, I did not care much for the second." But we should have to transcribe the whole book were we to give every instance of the complacent self-satisfied vanity which runs in it. He says, talking of one of his colleagues, Dr. James Hamilton, Professor of Midwifery, "Dr. Hamilton was always in the right, dissentients were in the wrong." Substituting "Christison" for "Hamilton" that would just fit the author. Everything he did he thinks worthy of record. When he and a friend, at the Theatre Français, in Paris, were making loud personal remarks on people around them, they were told by a French gentleman, in good English, that many Frenchman knew English and their remarks

might give offence; the only effect this polite rebuke had upon Christison and his friend was that they henceforth resolved to make their disparaging remarks in the Scotch dialect. He relates, without a suspicion of the story not being greatly to his credit, that he and five others on New Year's Day at the Trois Frères, in Paris, drank among them 17 bottles of wine, and went home bravely singing "God save the King," and "Rule Britannia," as they passed the sentries. We should have thought "We are na fou'" would have been a more appropriate song, as it is much affected by Scotchmen when they have got more wine under their belt than wit in their head. These and similar episodes of vulgar insular insolence he records as though they were meritorious performances. We dare say many of us in our younger days may have done just as foolish things, and may even have thought: *forsan et hæc olim meminisse juvabit*, but we cannot believe that any one else, at the mature age of 70 or 80, would have gravely put them down in a book evidently meant for publication.

It is curious to observe how Christison talks of almost all his friends and contemporaries. About those of whom he has most good to say the impression left on the mind is that they are very good sort of people, but not to be compared with the author. But he more frequently has only sneers to bestow on his colleagues and contemporaries, or at the best he damns them with faint praise. He gives us the impression that all the improvements or alterations in medical practice that occurred during his career, if they did not exactly originate with himself, were very much improved by him, and so rendered acceptable to the profession. Thus, at page 258, he almost claims the invention of nauseating doses of *tartar emetic* in pneumonia, though why he should wish to connect himself with such treatment, after its disastrous effects had been so thoroughly demonstrated by Dietl's experiments, is not very comprehensible to us. In like manner the researches of Bright in kidney disease were like to have fallen flat on the medical world until he took them up and gave them the *imprimatur* which made them acceptable (p. 388). So with the discovery of paraffin. He was only forestalled by a few months by the "insatiable discoverer Reichenbach."

His appointment to the chair of Medical Jurisprudence in the University was not owing to any particular merit, but was obtained for him by his friend Sir George Warrender, who had rendered himself a *grata persona* to Lord Melville by posting down to Haddingtonshire, and by his single vote turning the election in favour of the Ministry. At the mature age of 24 Christison was appointed to the chair, and he doubtless applied himself diligently to get up his subject, though he confesses that he was so

ashamed of his first course of lectures that he destroyed them, and set himself to construct them *de novo*. The autobiography does not give us the history of his appointment to the chair of *Materia Medica*, which he filled for so many years with credit, for he was a hard worker and spared no labour in getting up his subject, though we cannot say from our recollection of his course that he succeeded in making the subject interesting to the students, or that he displayed any originality or added anything important to the sum total of therapeutic knowledge.

At p. 155 he seems to claim for himself the credit of that most brilliant of medical discoveries, the "change of type of disease," which necessitated the abandonment of blood-letting in acute inflammations. We had imagined that this "happy thought" first occurred to Dr. Alison. Any way, it was eagerly adopted by the whole, or nearly the whole of the Edinburgh School, and was soon taken up with enthusiasm by almost all the medical world of Great Britain. Christison says: "Acute inflammations, during the first half of my life, were attended with a violence of arterial action unknown in the latter half; and this is the simple reason why blood-letting was adopted in the early and abandoned in the later period." Against this we may set the opinion of Dr. Wilks as lately expressed in his famous Birmingham address. He says: "There is not a single fact to support so preposterous a supposition, the only suggestion for it being that some senile doctor found that his patients did not necessarily die under his old treatment any more than they do under his new."

Christison says he recognised the "change of type" which led to the abandonment of blood-letting in fever, in 1833, though he did not adopt a change of treatment till some time thereafter. He seems by his own confession to have been a most heroic venesector. "I never," he says (p. 156), "like my colleague, Dr. Graham, bled a patient to 72 ounces! But I admit to having once bled a powerful muscular negro to 50 ounces, for violent pneumonia; and, on recurrence of the symptoms in thirteen hours, to 40 ounces more." Ninety ounces = 5 lb. 10 oz. of blood abstracted from a sick man in thirteen hours!

Sir T. Watson, who also recognised this "change of type," attributes it to the epidemic of Asiatic cholera which swept over Europe in 1817-2. To us, the "simple reason" for the abandonment of blood-letting then appears to be that about that time the doctrines of Hahnemann began to make way among the people in Great Britain; and they, seeing that acute inflammatory diseases were more quickly and generally cured without blood-letting, and being informed of the disastrous after-effects of the abstraction of blood, refused to be bled by their doctors, who consequently abandoned the time-honoured practice; and as they would not admit that they had been wrong in their former san-



guinary practice, they invented the "change of type of disease" theory to save their reputation for infallibility.

Sir Robert tells us that he had a great dislike to controversial writing. He once entered the field of controversy against Dr. Mackintosh, whom some of our readers will perhaps remember as a witty and original extra-academical lecturer on midwifery. He afterwards regretted having done so, and resolved to abandon controversial writing in the future, though sorely tempted to break this good resolution when attacked by the late Dr. Boswell Reid. A friend asked him, "Doctor, have you seen Dr. Reid's letter against you in the *Scotsman*?" "Yes," replied Sir Robert. "Can you answer him?" "Yes, and demolish him." "Then, my dear doctor, don't." "I do not mean to do so." "Quite right." It is so much more easy and agreeable to say you can "demolish" your opponent than to try to do so. Discretion was the better part of valour in this case. Probably his friend knew that controversy was not Sir Robert's strong point, and the issue of the Mackintosh affair was perhaps not very encouraging, so Sir Robert left Dr. Reid alone in print, but worked against him successfully in other ways. He sneers in these pages at poor Reid and his mode of teaching chemistry, but we can testify from our own experience that Reid was an excellent teacher, and almost all the chemistry we know was got at Reid's practical class, and little or none from the pompous and archaic lectures of Professor Hope, which was the only way it was taught in the University. He takes credit to himself for the successful resistance to Dr. Boswell Reid's spirited endeavour to get a Chair of Practical Chemistry founded in the University. Practical chemistry is now taught in Edinburgh University, so Dr. Reid was in advance of his age when he made the proposal which Sir Robert plumes himself on having foiled.

Christison says that students came out of Dr. Reid's hands ignorant of "practical medico-chemistry." If by that queer term he means what is termed organic chemistry, it is very likely Reid's pupils in practical chemistry were ignorant of this, for Reid never professed to teach any thing but inorganic chemistry, which was all that was professed to be taught by Hope in his course in the University. Christison's blame, therefore—and of course he knew this very well—was as irrelevant as though he had found fault with an anatomical teacher for not making his pupils adepts in *Materia Medica* and therapeutics.

We do not think that Sir Robert ever entered the lists against homœopathy with his pen, although the anti-homœopathic controversy raged violently enough in Edinburgh at one time. He went to work, *more solito*, in a different manner. His animosity against homœopathy crops out on several occasions in his autobiography. He sneers at Henderson's appointment to the Chair

of Pathology, which he calls a "deplorable misadventure" (p. 122), and at his taking offence at a very offensive personal attack upon him by Professor Wilson (Christopher North) at a public dinner. It is so easy to take insults quietly when they are not levelled against ourselves.

Another instance of Christison's animosity to Henderson is very apparent in this autobiography to those who are able to read between the lines. It is well known that Henderson was the first to point out the difference between relapsing fever and typhus, with which it had hitherto been confounded. This discovery of Henderson's of course redounded to the credit of the Edinburgh School, but Christison in this work, though he describes minutely the relapsing fever as it prevailed in Edinburgh, and mentions the recurrence of the fever on specified days, will not admit it to be anything else than the ordinary synocha of Cullen, and he rejects with scorn the name of "relapsing fever" which is now universally applied to it. It must have been gall and wormwood to Christison to read in Murchison's great work on *Fevers*: "Dr. Henderson, of Edinburgh, had the merit of first showing that the two diseases were not only very different in their symptoms, but that there was reason to believe that they were from distinct poisons." The similar testimony of Virchow in his *Lecture on Famine Fever*, in 1868, to Henderson's merit must have added still further to Christison's chagrin.

He also gives a circumstantial account of a case of dysentery, which, he says, was "the most deplorable, the most fearful dysentery which I ever witnessed." "By ill luck," he says, "he came under the medical charge of the homœopathic Dr. —, who treated him with drops of nothingness, powder of nonentity, and *extractum nihili*." (One does not know which most to admire, the ignorance or the insolence of a Professor of *Materia Medica* who could talk of homœopathy in this way.) This went on for several days, when, at the persuasion of friends, the attending physician was dismissed and Christison was called in. A few hours after the change of treatment the patient—died! We do not know if Sir Robert wishes us to understand that this case is a proof of the superiority of the allopathic over the homœopathic treatment. But if not why does he notice it? It certainly shows that the allopathic treatment did its business with commendable rapidity. Apparently Sir Robert thought with his royal countryman:—

"If it were done when 'tis done, then 'twere well  
It were done quickly;"

and so, in a few hours, he finished the business which the homœopath, with his "drops of nothingness," &c., had kept lingering on for so many days. He does not pretend that the ordinary

treatment of dysentery was invariably successful. Indeed, he says that during an epidemic of that disease in 1828, eighty cases were treated in the Edinburgh infirmary, of whom one-fourth died. He says (page 159) that of these 80 cases 35 were treated by himself, with only three deaths. At page 381 these 35 cases become 40, the fatal cases still being 3, and, possibly, if the autobiography had gone further the proportion of cases to deaths might have been still greater. We much regret that the autobiography terminates so abruptly, for we should have liked to have read Sir Robert's triumphant and self-laudatory remarks on his refusal to grant a degree to the candidate, who, after passing a very creditable examination, replied to Christison's inquisitorial question that he had been enquiring a little into homœopathy, and so far thought favourably of the system. And we should have liked to see his comments on Clause xxiii. of the Medical Act, which deprived him and all examiners of the power of rejecting candidates for a degree or diploma on account of any theory of medicine they might hold. At all events Sir Robert Christison might have rightly claimed the credit of having contributed towards the introduction of this clause into the Act by his mean and tyrannical conduct on this occasion, though perhaps the clause was not exactly what he desired.

Christison condemns with scorn and bitterness his colleagues, Sir William Newbigging and Sir George Ballingall, for allowing themselves to be knighted. Though he admits that the first was one of the best practitioners of medicine in Edinburgh, he says that "no member of the medical profession ought to accept a knighthood for any other reason than pure merit in medicine." We presume he thought that a doctor need not be so scrupulous about accepting a baronetcy.

The book is very carelessly edited. Names are misspelt; for example, Hany, the mineralogist, always appears as Hany. Observations essentially identical are repeated in several places, as the remarks on fever in the sixth and twentieth chapters; those on patents at p. 64 and again at p. 402; and even long anecdotes of no special interest, as the story about Dr. Hamilton and the Irish student, at p. 87 and p. 343.

On the whole this is a very disappointing book. Though the reader is amused by it more, it may be confessed, by the *naïve* vanity of the man than by the wit or wisdom of his remarks or the brilliancy of his anecdotes, the general impression it leaves on the mind is that though the autobiographer was a Professor of *Materia Medica*, a Baronet, Physician to the Queen, a D.C.L. and an L.L.D., and stood five feet eleven inches and three quarters in his stockings, he was actually a very small man.

## NOTABILIA.

*THE MEDICAL TIMES AND GAZETTE.*

THIS well-known and generally well-conducted periodical ceased to exist at the termination of 1885. It takes leave of its, perhaps, not very numerous, readers in a somewhat singular manner—an abrupt “NOTICE,” in the following terms: “We regret to announce that *The Medical Times and Gazette* will cease to appear after this number”—placed at the head of the leading article in the issue of the 26th of December is all that the editor himself has to say. As No. 5 of “*Letters to Undistinguished Persons*,” however, we have a communication addressed to the editor by a person who distinguishes himself from the common herd of correspondents by the *nom de plume* of Silas Phantom. Silas has, he says, “been pained to hear of the approaching extinction of *The Medical Times*.” But the extinction is, in his opinion, entirely the fault of the editor. “Your medical reader,” he writes, “likes to take his journal as he takes his breakfast, with one eye on the duties of the day before him. He looks to it for sustenance and utility, and not for the excitement of disturbing thoughts and unjustifiable aspirations. Forgetting this, you peppered his sugar, salted his milk and flung handfulls of spice over his bland and unstimulating rasher. Poor man! He knew not what to be at. All day through his peace was disturbed and his work injured by the fermenting of crude and flatulent ideas.” Then he passes on to commend the example of the other medical journals. “Watch,” he says, “your successful rivals. See with what consummate skill they feel their reader’s pulse, assess his digestive power, and gauge his emotions. He is ever in their thoughts; and how to soothe him and feed him with a sustenance suited to his strength is the one pre-occupation that guides their weekly labours. Has he fads, they shall be flattered; has he prejudices, they shall be propitiated; has he appetite for facts, nay, even for gossip, it shall be met. By dint of prolonged and laborious exploration they have mapped out his territory, and laid down routes which must be strictly followed by all who would not lose their way therein. They have investigated his mind, and arrived at a series of inductions which every medical writer, who would succeed in his calling, is bound to obey.” After a few illustrations of his meaning he goes on to define the whole duties of an editor. “It is not,” we are told, “for the journalist to arrogate to himself the privilege of private judgment. He is there to register, not to dictate; to re-echo the voice of the profession and of its leaders, not to trouble us with his own.”

Now if all this is true, and we think that it very probably is so, it gives us no very lofty conception of the aim and end of the empirical medical journalist, no very elevated impression of the intellectual calibre of the empirical members of the medical profession, or of their motives in practising the art of medicine as they understand it. It reduces medical journalism to a mere trade. It compels the conclusion that the articles in these periodicals are written and selected to suit the tastes of "customers." Their "fads" are "flattered;" their "prejudices" are "propitiated!" This is business truly! And it is a "business" that pays! Flattery brings subscribers; subscribers bring advertisers! Proprietors therefore flourish—but what about the profession? Has this line of policy had no influence in creating that "low esteem" in which, as Dr. Quain recently warned us, medicine was and still is held by many both within and without the profession? Those who, of all others, ought to be the leaders of medical thought degrade themselves into being led by the "fads" and "prejudices" of their customers for the sake of coin! Those who ought to expose the baseless character of "fads" encourage and, by so doing, stimulate their growth. Those who, of all others, ought to be above "prejudice," fan its flame! And then some marvel at the "low esteem" in which those they pretend to inform and instruct are held! When this is the character of British medical journalism is it any wonder that homœopathy is excluded from all discussion, all consideration? To permit either the one or the other, would be to run counter to those "prejudices" which it is the business interest of the proprietors of medical journals to indulge. That it is any part of the medical journalist's duty to rise above the prejudices of his readers does not appear to have occurred to the proprietors of the medical journal of the period! To examine a therapeutic question from every point of view, and then to present the conclusions arising from such examination in all their completeness, regardless of any existing prejudices, and, by so doing, to instruct his readers and give shape and direction to professional opinion, is at once the manifest duty and high privilege of the editor of a medical journal. This was the light in which the late Mr. Wakley viewed the position he determined to fill when he commenced *The Lancet* sixty years ago! Then the questions he endeavoured to answer were "What ought the profession to know?" "On what subjects ought they to have information?" And he wrote scathingly, perhaps often unjustly, on what he regarded as the abuses of Hospitals and Colleges. He did not, in those far off days, pander to the prejudices of his readers for the sake of their subscriptions. Now, on the other hand, the question the editor has to reply to, on behalf of his proprietors, is what do

the profession wish to be told? What questions do they wish kept out of their thoughts? Consequently, we find the editor of the modern medical journal striving to make things pleasant all round by filling his pages with material of the flattering order, carefully avoiding all reference to subjects, however important, to which the profession have determined to close their ears; and, as a natural consequence of editorial subservience, not only is all discussion of homœopathy excluded from the pages of papers like *The Lancet* and *The British Medical Journal*, but these, and their more exclusively scientific contemporaries, such as *The Practitioner*, refuse the use even of their advertising columns for the announcement of books in which the doctrine of homœopathy is expounded by those who have studied it, and have had experience in the practice of it. In the last number of *The Homœopathic World* appears an account of a very edifying correspondence between Dr. Dudgeon and Messrs. Macmillan, the publishers of *The Practitioner*, arising out of the refusal of the latter to advertise Dr. Ameke's *History of Homœopathy*. The way in which Messrs. Macmillan varied their excuses for not inserting the advertisement is certainly amusing. That Dr. Brunton should object to any advertisement of a book on a subject, which he may well be supposed to desire to keep his professional brethren in ignorance of, is perfectly natural. Were the profession afforded special facilities for acquiring a knowledge of how to obtain books enabling them to study practical homœopathy, they would speedily discover where so large a proportion of the remedies suggested in *The Index to Diseases* in a recently published book on Pharmacology and Therapeutics were derived from. As to Messrs. Macmillan, their refusal is obviously, as Dr. Dudgeon describes it, "merely a trade manœuvre adopted by the publishers in the fancied interests of the circulation of their publication." They, of course, repudiate the influence of "trade reasons" as indicating their "boycotting" conduct; but—*credat Judæus Apella?*

So long, then, as medical journals are regarded in the same light as hotels—"run" simply for profits—it is hopeless to expect that a question so large, so important, so bitterly prejudiced by widespread ignorance as is homœopathy will meet with due examination by the medical press, or that, through it, as it exists at present, the members of the profession will receive that exposition of it which is necessary to lead them individually to examine its tenets and practical method.

The simple reason why such expectations are hopeless is that, though to fulfil them may be a duty, yet the performance of this duty would not pay!

“ AS 'ITHERS SEE US.”

IN our December number we published an article by Dr. J. P. DAKE, of Nashville, expressing his views of the necessities of homœopathy in Great Britain. Simultaneously this paper appeared in *The Hahnemannian Monthly* of Philadelphia, and also in the same number some editorial remarks upon Dr. Dake's observations. We regret that we are unable to publish them *in extenso*. The following, however, is a tolerably full abstract :—

“ THE ISSUE IN ENGLAND.”

After referring to the letter of Dr. J. P. Dake, respecting the status of homœopathy in England and its prospects of advancement, the writer says :

“ All educated physicians concede the right of the public to the most skilful and efficient service that the profession can render.

\* \* \* \* \*

“ A superficial view of this ethical requirement might convince the physician that he is doing his whole duty by simply carrying its principle into the sick chambers of his own patients. But a little consideration will show that this forms only the beginning of professional duty. The crudest system of medical ethics enjoins the additional duty of striving ‘by every honourable exertion to enrich the science of medicine,’ and to ‘be vigilant for the welfare of the community.’ \* \* \*

Hence the homœopathic physician has to perform a duty to those who do not believe either in him or in his system of practice.

\* \* \* \* \*

“ In undertaking to fulfil this other and most important obligation to the public, the homœopathist finds himself thwarted by the endeavours of his allopathic brethren.

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“ This attitude of the great body of medical men towards the more advanced thinkers and practitioners of the profession, led the latter, both in Europe and America, to the adoption of a policy which all of us must regard as eminently discreet and sagacious. It was believed that if homœopathic physicians in their relation to each other, to allopathic physicians, and to the public, would but conform to the ethical standards employed by the better portion of the allopathic profession, until they should be able to demonstrate the superior efficacy and value of homœopathic treatment, the unreasonable hostility of the opposing faction would rapidly die out, and the new principle of treatment, perhaps, be generally adopted. The policy adopted on both sides of the Atlantic was essentially the same. Its results, however, have been widely different ; a fact due entirely

to the misuse of legal authority in Europe by allopathic physicians and indifferent laymen to prevent the study and practice of homœopathy.

“Following out this wise policy, the efficiency and advantages of homœopathic prescribing have been overwhelmingly demonstrated in millions of cases. \* \* \* \* \*

Meanwhile, its practitioners have carefully maintained as high a character for scientific learning and professional rectitude as have their allopathic brethren. This testing time was doubtless necessary in the first instance, but its results are now before the profession, and will fully justify any aggressive and honourable steps that the homœopaths of England may find requisite to bring the claims of their mode of practice forcibly to the notice of the authorities and people, and secure the recognition of their equal professional privileges and honours.

“Now, it has evidently suggested itself, even to the careful and conservative mind of Dr. Dake, that the time for a radical change of policy has fully come. It must be sufficiently evident that, even were homœopathy four-fold more valuable than its friends claim it to be, that circumstance would never secure for it a proper and respectful consideration from the opposing school.

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“Coming back to our original proposition, is it not clearly the duty of homœopathic physicians to bring, somehow or other, the knowledge of homœopathy and its benefits to the whole vast public, and this, whether its arrayed enemies are pleased or displeased? There are, we submit, certain positions which homœopathic physicians and laymen everywhere should assume and maintain; and these we commend to the judgment of our friends over the water:

“*First.* A public declaration and avowal of open hostility to the allopathic profession; said hostility to be persisted in until her present unethical principles are abandoned. *Secondly.* A stated and energetic demand upon the legal authorities for equal professional rights and privileges for all schools or sects in medicine; said privileges to include the right of the people of each sect to select their own physicians, to educate their own physicians, and to license their own physicians. Notice to be given that this effort is to be persistently, and regularly, and resolutely urged, until every one of these demands is complied with. *Thirdly.* A similar demand for the passage of such laws as will effectively prohibit discrimination between medical sects in governmental appointments.

“Such a scheme involves work, and requires workers. These workers should be thoroughly organised, and the organisation



should include physicians and patrons, men and women. Every possible individual of intelligence, wealth, or influence should be secured; because intelligence, wealth, and influence will all be needed in carrying on the work. Above all, the workers should be people of the sort who do not get 'tired,' and who will enlist for the whole war. Branch organisations should be established everywhere; first, to secure local advantages, and, secondly, to help the general cause. If legislation is required, the questions at issue should be forced, in some shape, before both houses of the legislative body *at every session* without fail, and, whenever possible, should be forced to a vote. The names of the legislative friends of the measure, of its enemies, and of the apathetic, should be furnished to every member of the working organisations throughout the country, as a guide in future elections. Meetings should be held, addresses delivered—not upon homœopathy, so much as upon the subject of equal medical rights,—resolutions passed, newspaper influence secured, literature disseminated, money raised, hospitals and dispensaries established and strengthened, and every honourable personal and social influence exerted upon each separate individual in authority, to secure his hearty support to the measures in question. These methods should be persevered in for three, five, or ten years, or, if necessary, for twenty. We have not the least idea that the work can be done in three years, neither do we believe that it would require twenty.

"All American physicians believe that what England most urgently needs is, first, a licensing board, composed exclusively of homœopathic physicians and clothed with full powers; and, secondly, a medical college and hospital for the training and education of homœopathic students. With these two advantages secured, the battle would be practically won. Without them, it is difficult to see how it is possible to lift homœopathy into that high public esteem and influence that it so pre-eminently merits."

We gladly recognise in this article the kindly interest which our American colleagues take in the progress of homœopathy on this side of the Atlantic. Some of the suggestions offered to us show, however, a very excusable want of information as to the management of the great medical institutions of this country, which we propose to endeavour to rectify. At the same time we none the less heartily thank our friends for their sympathy with us in our struggles, and the willingness they show to give us hints out of their long, large, and successful experience in fighting the great therapeutic battle of this century, as to how we may best proceed to struggle yet further in a cause of such great public importance.

In the *first* place, we are advised to issue "a public declaration

of open hostility to the allopathic profession ; said hostility to be persisted in until her present unethical principles are abandoned." By the "allopathic profession" we are of course to understand those members of the medical profession who do not practise homœopathically ; who oppose by all means in their power those who do so ; and who, as a rule, never lose sight of an opportunity of misrepresenting homœopathy to the public, either intentionally or through lack of knowledge.

To these gentlemen, or rather to their therapeutic views, to their conduct towards those who understand and practise homœopathy, and to their modes of dealing with the doctrine itself, we have never ceased to show our hostility. We have done so for more than forty years in our journals, our expositions of homœopathy and in our societies ; and through the same channels we have given our reasons for this "hostility" as thoroughly as it has been in our power to do, pointing out and illustrating at the same time the better method of homœopathy.

Why then, it may be asked, is the impression we have made during these many years no greater than it is ? Simply, we reply, because those we desire should read our arguments—should have some chance of understanding what homœopathy is—never see the journals and papers to which our writings are perforce restricted. Out of every thousand of those medical men who oppose homœopathy, nine hundred and ninety-nine know nothing whatever about it ; never read anything respecting it save the garbled statements regarding it, and the studied misrepresentations of it in the weekly medical press, in Simpson's book on *The Tenets and Tendencies of Homœopathy*, and the various pamphlets which have been manufactured out of it from time to time.

Further, *The Lancet* and *British Medical Journal* not only misrepresent homœopathy and traduce homœopathic practitioners whenever they have the chance of doing so, but they never allow any contradiction of such misrepresentation, any rebuttal of a slander to appear in their columns, and never have done so.

And yet, again, these two journals, and nearly if not quite all others, not only refuse to publish the observations of medical men experienced in homœopathic practice, but they go so far as to exclude from their advertising sheets, as we have already shown in this number, *The Review*, all announcements of books, lectures or hospitals bearing upon homœopathy.

Now seeing that the medical literature of a very large proportion—so large as to comprise nearly the whole—of the busy and active members of our profession is confined to one or other, or at the outside to both of these periodicals, is it any matter for wonder that they should be ignorant of homœopathy, or that

it is next to impossible to press the subject on their attention? Is it at all probable that any set proclamation of open hostility, issued under such circumstances as these, would have any influence with the profession?

*Secondly*, we are urged to make "a stated and energetic demand upon the legal authorities for equal professional rights and privileges for all schools or sects in medicine; said privileges to include the right of the people of each sect to select their own physicians, to educate their own physicians, and to license their own physicians. Notice to be given that this effort is to be persistently, and regularly and resolutely urged, until every one of these demands is complied with."

To this we may at once reply that, as far as the law is concerned, "all schools or sects in medicine" in this country have "equal professional rights and privileges." Every one is at liberty to employ any physician of whatever "school or sect" he chooses. The education and licensing of physicians is a different matter. The questions of medical education and medical licensing are very large ones. Already there are nineteen licensing boards in the three kingdoms, and the tendency of all legislation of late years, as well as of public and professional opinion, has been to reduce this number to three. In the face of this, the establishment of a new school and a new licensing board on the basis of a therapeutic principle is impracticable. The answer to any such attempt would be *non possumus*, in the first place, and in the second that such institutions were not needed, as the doctrine, if true, would, in course of time, be absorbed, taught, and examined in by existing schools and boards.

*Thirdly*, we are advised to make "a similar demand for the passage of such laws as will effectively prohibit discrimination between medical sects in Governmental appointments." There is no such discrimination to provide against. The appointments in the army and navy are by competitive examination. The men who, being already qualified for civil practice, obtain the highest number of marks in the examinations secure the appointments, whatever may be their therapeutic views; and, once they have been appointed, are at liberty to treat their patients according to their information and experience. Hospital appointments are open to all physicians who possess certain qualifications; they are in nearly all instances made by election, the constituencies being the subscribers. If the subscribers choose to elect a physician practising homœopathy there is no law to prevent their doing so. Poor law appointments are made by Boards of Guardians, and they have appointed and still do appoint surgeons practising homœopathy to officiate as their medical officers, when one applies who is able to secure the Guardian's votes. The same may be said of Medical Officers of Health, both rural and

urban. There is, in short, no public appointment which a legally qualified medical man, practising homœopathy, cannot obtain provided he can convince those in whose hands the appointment lies to give him the majority of votes. In this way Dr. Drysdale was, on one occasion, a candidate for the physicianship of a Liverpool Hospital, and it required the utmost efforts of his opponents to obtain it over his head.

It is, of course, perfectly true, and, unhappily, equally impossible to prevent, that, when an election of this kind takes place, every influence that the non-homœopathic members of the profession can bring to bear has been, and, until these gentlemen are more enlightened, will continue to be brought to bear to prevent any public appointment being held by a homœopath. These influences belong, however, to electioneering tactics, perfect freedom in the indulgence of which it is perhaps undesirable to curtail. The only way in which they can be overborne is by educating the electors, by making them to understand and feel the supreme importance of homœopathy to the public well.

It is not then any addition to the statute book, or any special legal reform, that is needed to "lift homœopathy into that high public esteem and influence that it so pre-eminently merits." What is required is, however, almost as difficult to obtain. The ignorance of the nature and value of homœopathy which prevails, both among the members of the profession and throughout the public, must be removed ere this "lift" can be brought about. How is this to be accomplished? In endeavouring to reply to this question let us first examine our position in relation to medical and general literature. Every organ of professional opinion, every newspaper and magazine having a wide circulation, is closed to all discussion and every presentation of the subject. And not only so, but every organ of medical opinion, and every newspaper and magazine having a wide circulation, is open to receive and publish any statement about homœopathy or those who practise homœopathically which is false; and further, each is equally determined to allow of no refutation, in its columns or pages, of any such false statement. Every opportunity, therefore, of informing the profession or of enlightening the public is stopped.

How, then, are we to get at either? Public lectures have been proposed, and their advantages and disadvantages have been discussed. At the present day, however, it is very difficult to secure an audience for any lecture which is not of a political or a sensational character. There was a time, before newspapers and monthly magazines were so much read as they are now, when lectures were largely frequented. They are so no longer. The same may be said of pamphlets. These were at one period widely read—now they are but rarely looked at. Major Vaughan-Morgan has recently offered a prize for an Essay on Medical Treatment,

in which the advantages of homœopathy are set forth. Of the successful essay 50,000 copies will be published and distributed. This, we may reasonably hope, will not be without an important influence upon the future of homœopathy here.

In order to enlighten the profession and the public on the subject of homœopathy, to induce the former to study and clinically test its merits, and to point out to the latter its advantages over prevalent empirical methods, it has become necessary to secure the control of some periodical having a wide circulation, and therein, from month to month, to set forth the doctrine of homœopathy and the well-substantiated clinical results of its practical application. We are not without hope that this may be accomplished ere long. Periodicals of this type occasionally come into the market, and as they constitute a good form of investment, we would suggest that some of those interested in the promulgation of the doctrines of homœopathy should purchase one, and open its pages to the occasional discussion of this, to the public, all-important subject. It is thus important, simply because, it has been abundantly demonstrated under homœopathic treatment in acute disease, that the duration of illness is shortened, the liability to *sequela morbi* diminished (and therefore chronic disease prevented) that mortality is lessened very considerably, and the expenses of illness largely reduced; while in chronic disease many cases that are incurable, where only empirical treatment is adopted, have been found, through homœopathy, to be susceptible of cure. This is the testimony of those who have experience of its practice. It is only those who persistently refuse to enquire into it, or clumsily test it, who deny the truth of either of these conclusions.

Finally, then, in addition to that careful study of the *Materia Medica* by every practitioner, which is essential to success in curing disease, and to increasing the existing evidence of the value of homœopathy, we must, in order to "lift homœopathy into that public esteem and influence that it so pre-eminently merits," educate the public and educate the profession. That we may do so, the control of some well-established and widely circulated organ of general literature must be secured.

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#### REPORT OF THE ENGLISH CHOLERA COMMISSION.

THE report of Drs. Klein and Heneage Gibbes, entitled "An Inquiry into the Etiology of Asiatic Cholera," has been issued by the India Office, together with the transactions of a committee convened in 1865 by the Secretary of State for India in Council. Sir William Jenner presided over this committee, upon which Sir William Gull, Dr. Burdon Sanderson, Professor De Chaumont, and Sir Joseph Fayrer, and several other officers

of Indian experience, sat; Dr. Timothy Lewis acted as secretary.

Drs. Klein and Gibbes commence their report by making some observations on the various theories of the etiology and nature of cholera, which are maintained in different quarters, and then give a summary view of Dr. Koch's observations, and the deductions made from them. Certain *a priori* objections to the acceptance of these deductions founded on the general natural history of the disease, are next advanced; the habitual escape of attendants in cholera hospitals, the immunity enjoyed by certain towns, and the happy effect in the case of ships lying in infected ports of putting to sea, are mentioned as militating against the acceptance of Dr. Koch's views. The objection founded upon the fact that the comma-bacillus of Koch cannot live in acid solutions, and that it would, therefore, be killed in the stomach, is stated, and it is pointed out that a dyspeptic condition would not favour the growth of the bacillus, since dyspepsia increases the acidity of the gastric juice.

With regard to the comma-bacillus itself, a preliminary objection to the name is made, on the ground that it is not comma-shaped, nor a bacillus, but a minute form of vibrio. The various statements upon which the theory that the comma-bacillus is a pathogenic organism is founded, are then examined.

(a). That these "comma-bacilli" occur only and exclusively in cholera. Under this head it is pointed out that it is now generally admitted that comma-shaped organisms do occur under other conditions, and that no reliance can be placed on the thickness of the bacilli in any particular case, as their dimensions vary very much.

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(b) That the comma-bacilli occur in vast numbers in the small intestine in cases of cholera, and give rise to a chemical ferment, and that they occur in the tissues of the intestine. Drs. Klein and Gibbes state that, in some typical fatal cases, when the examination was made shortly after death, the comma-bacilli were very scarce in the mucous flakes, while when the examination was delayed, or when the patient remained *in articulo* for many hours, the number of comma-bacilli in the mucous flakes was much greater, when in examinations made very soon after death, the comma-bacilli were abundant, other bacteria (micrococci, *b. termo*, *b. subtilis*, vibrio *rugula*, spirillum, or others) were also very abundant. It is stated that, in the mucous membrane, the tissue of the villi, Lieberkühn's crypts, and the lymphatic tissue of the solitary and agminated glands, "the comma-bacilli, or any other organisms, are conspicuous by their absence. In two cases only were there present in sections through the Peyer's glands, near the ileo-cæcal valve, comma-

bacilli, in some places around Lieberkühn's crypts, and also scattered here and there amongst the superficial parts of the lymph-follicles." In another case, examined immediately after death (the patient had been in *articulo* six hours), the epithelium of the surface was detached, no comma-bacilli were present, but there were, nevertheless, "in some places on the surface, minute groups of putrefactive bacillus subtilis, and from here they entered into the spaces resulting from the detachment of the epithelium of the Lieberkühn's follicles from the membrana propria. And even capillary blood-vessels of the lymph-follicles, near the denuded surface, were found crowded with putrefactive bacilli and micrococci." It is for these reasons contended that the preparation described by Koch on page 6, and figured on page 7 of his paper, is an exceptional one, and not typical of cholera, and that his statement that "in acute cases, the mucous membrane of the ileum, contains so great a number of comma-bacilli, as to represent almost a pure cultivation of comma-bacilli, is in direct opposition to the facts observed. And if this statement of Koch is not in conformity with the facts, his inference that the large numbers of these comma-bacilli produce a large quantity of the chemical ferment, and, therefore, an acute illness is in no way justified, and his whole edifice as to the relation of the comma-bacillus to the disease having thus lost its chief support (namely, vast numbers of comma-bacilli supposed to be present in the mucous membrane in acute cases) falls to the ground." In reply to the argument that though the comma-bacilli are not present in the mucous membrane, yet they exist in large numbers in the contents of the intestine, it is urged that (1) this is not invariably true; (2) that though the whole of the small intestine presents the same appearances, the comma-bacilli are very scarce, except in the lower part of the ileum; (3) that the "comma-bacilli" are present only in dead tissues; (4) that the bacilli must have been present in vast numbers before the onset of the disease in order to produce the hypothetical chemical ferment, which, it is contended, must be absorbed before that onset, absorption being impossible after the disease is set up. It is further remarked that the total absence of "comma-bacilli" from the liver, kidneys, spleen, central nervous system, blood, and especially from the mesenteric glands, is opposed to the view that "comma-bacillus" could have been present in very large numbers long before the onset. The facts mentioned under 2 and 3 are stated to "point clearly to the comma-bacilli being putrefactive organisms."

No other organisms were found, either on microscopical examination or on culture-experiments, in the blood or tissues; but attention is called to certain small straight bacilli found in the intestinal contents, but not in the mucous membrane. In

acute cases, examined very shortly after death "freely floating, glassy-looking clumps of mucus" are found; they consist chiefly of mucous or lymph corpuscles; in certain cases, where the necropsy was made early, these lymph corpuscles contained immense numbers of the straight bacilli; the best preserved spherical corpuscles are completely filled with very minute straight bacilli," but not in all instances, for in some cases the straight bacilli were missed in most of the well-preserved corpuscles, and found only in those that had slightly swollen up, or were on the point of disintegration. But in all instances the same small bacilli are found scattered in amongst the detached epithelial and lymph-cells. There has not been a single case examined in which they were not found in the mucous flakes; in cases in which the comma-bacilli were very scarce, the small bacilli were not scarcer. In most cases, they were met in larger or smaller groups, and as isolated examples." The opinion is, however, expressed that these straight bacilli must "be regarded, like the comma-bacilli, or something extraneous, present only in tissues practically dead in the cavity of the alimentary canal."

Dr. Klein has cultivated this bacillus, which is about half the length and one-third the thickness of the comma-bacillus, and does not liquefy gelatine.

(c.) That the comma-bacilli, of pure cultivation, are capable of producing disease when introduced into the animal system. Experiments were made by feeding monkeys, cats, mice, rats, and rabbits with rice-water-stools, choleraic-vomit, and pure cultivation of the comma-bacillus, by inoculation, and by injection into the duodenum. The results were negative. The deaths of the animals operated on by Koch and others are attributed, not to any specific disease-producing power of the comma-bacilli, but to the operation on the abdomen, or to septic injection.

The first appendix is occupied by a discussion of the relation of bacteria to Asiatic cholera. It is contended that a review of all the facts shows that the stools do not contain a cholera-poison in the shape of an organism; and that, therefore, the direct cause of cholera "must be some kind of ferment, produced altogether outside and independently of the body of a cholera-patient;" "this something must evidently be self-multiplying . . . a living entity, an organism . . . the direct virus being a chemical or non-organised ferment, we arrive at the conclusion that a living organism, transferred from a cholera-locality into a new and suitable soil, therein multiplies, and gives rise to the production of a chemical ferment, which, when finding access to the body of a person, sets up the disease cholera." The second appendix contains an account of observations made on the water of certain tanks, and some remarks



on the general question of the relation of water-supply to cholera. This appendix shows, as before indicated, that no importance can be attached to Dr. Koch's observation of "comma-bacilli" in certain tanks. The investigation of drinking-water during epidemics, and in the intervals, must be made systematically and with scientific accuracy before any conclusion can be drawn.

In accordance with the provisions of the original proposal made by Sir Joseph Fayrer for the despatch of commissioners to India, their report was submitted by the India Office to a committee constituted as above stated. A memorandum was drawn up by Dr. Timothy Lewis, and adopted by the committee after discussion and emendation. The conclusions of the committee may be summarised thus. 1. Comma-shaped organisms are ordinarily present in the dejections of persons suffering from cholera, but not in the blood, the intestinal mucous membrane, or any other tissue. 2. Comma-shaped organisms of closely allied morphological appearances are ordinarily present in different parts of the alimentary canal in health, and are developed in an unusual extent in certain diseases in which there is copious intestinal secretion; the predominant form in any given case depending in great measure on the nature of such secretion. 3. The comma-shaped bacilli ordinarily found in cholera do not induce that disease in the lower animals, and there are no real grounds for assuming that they do so in man. 4. The committee expressed its "conviction that sanitary measures in their true sense, and sanitary measures alone, are the only trustworthy means to prevent outbreaks of the disease, and to restrain its spread and mitigate its severity when it is prevalent."—*British Medical Journal*.

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#### SMALL-POX AND VACCINATION.

DURING the month of September, 1885, no less than 880 deaths from small-pox occurred in Montreal, while during the worst year of the epidemic that raged from 1871 to that of 1872 the mortality did not exceed 896. Dr. Nichol, of Montreal, in an interesting essay on this disease, asks the following question:—

"How does vaccination compare with non-vaccination? Here is the reply:

"During the week ending September 18, six Protestants died of small-pox, four of them being under five years of age—the Protestants are just about a quarter of our population.

"During the same week nine Irish Catholics died, of whom six were under five years—the Irish Catholics are nearly as numerous as the Protestants—nearly a quarter of the people.

“ Now the French-Canadians form rather more than one-half of our people in this city, and accordingly their mortality for the same week should have been about eighteen, or twenty at most. But it was *one hundred and sixty-nine*, of whom *one hundred and fourteen* were under five years of age !

“ *What is the cause of this enormous difference ?* It cannot lie in physical surroundings, for our French-Canadian fellow-citizens, in spite of the pitiful slanders of people who do not take the trouble to learn the truth, are the most cleanly of people. The floors of very humble homes remind one of the deck of a British man-of-war, the beds are clean and sweet in a superlative degree, while the master of the modest house, reading his paper and smoking the inevitable pipe at his door, is the ideal of a cleanly and comfortable citizen.

“ The difference cannot lie in physical strength, for the average French-Canadian, stout and compact, is a stronger man than the average English-speaking citizen.

“ *The difference lies in vaccination, and in that alone.*

“ If our French-Canadian people had been vaccinated their loss during that fatal week would have been *twenty* instead of *one hundred and sixty-nine*. Vaccination would have saved *one hundred and fifty* French Canadian lives.

“ If the Irish Catholics had been unvaccinated to the same extent as their French-Canadian fellows they would have lost *eighty-four* ; so that vaccination saved *seventy-five* Irish lives in a single week.

“ If the Protestants had been unvaccinated to the same extent as the French-Canadians, they, too, would have lost *eighty-four* ; so that vaccination saved the lives of *seventy-eight* Protestants in one week.

“ This train of thought and this chain of reasoning might be continued almost indefinitely, for all our reports tell of a hideous slaughter of the unprotected French-Canadians and of the comparative immunity of the protected portions of our population.

“ Thus during the same fatal September week, St. Ann's Ward, with a population of 12,860, largely composed of Irish Catholics and English-speaking Protestants, lost *four* by small-pox, while St. Mary's Ward, with a population of 18,428, chiefly French-Canadians lost *seventy-five*.

“ Again, from August 29 to October 9, inclusive, there were no deaths from small-pox in St. Denis and St. Hubert Streets, while in Wolfe Street there were *eighty-six*, and in Montcalm Street *sixty-two*. *Why the difference ?* Simply because the first-named streets are largely occupied by the higher class of French-Canadians, almost all of whom are vaccinated ; while the unfortunate dwellers in Wolfe and Montcalm Streets are unprotected by vaccination.

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“The only help, the only hope, is in vaccination, and the antipathy shown to it by the mass of French-Canadians will fade away when they understand the difference between humanized and animal vaccine.”

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#### A BITER BITTEN.

THE well-deserved punishment of a malicious allopath is recorded in the following extract from *The Nashville Union* of the 24th December, 1885. We congratulate Dr. Taylor on the verdict he obtained, and also on the evidence which the effort to ruin him by such a cowardly piece of slander, affords of the excellent position he has secured for himself and homœopathy in Terre Haute.

“The Indianapolis *Sentinel*, referring to a most bitter contest growing out of the unfriendly relations existing in some parts of the country between medical men of different schools of therapeutics, says:

“In the federal court yesterday Dr. H. W. Taylor of Terre Haute was given a verdict for \$10,000 damages against Dr. H. J. Rice, of Rockville, the case having been on trial for two weeks, and the jury returning a verdict in fifteen minutes after leaving the court-room for consultation. About two years ago a Mrs. Nevins of Parke county died from supposed criminal practice, and, at the instigation of Dr. Rice, Taylor was arrested and indicted for the crime. Nothing was proved against him on the trial and he was acquitted. He then brought suit against Dr. Rice for malicious prosecution, with the result indicated.”

“The Dr. Taylor referred to is a leading homœopathic physician of Terre Haute, Ind., quite well known in literary circles as a forcible writer, especially gifted in the vernacular of his State. His being identified with the new school seems to have brought upon him the vindictive persecution of his old school rival, Dr. Rice.

“It seems from the *Sentinel's* account that a little advice to the two schools to adopt more friendly relations is timely; and, by all means, keep out of the courts.”

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#### PASTEUR'S TREATMENT OF HYDROPHOBIA.

M. PASTEUR's experiments on the treatment of hydrophobia are interesting but not conclusive. By cultivation he attenuates the virus of rabies—in other words, by making it pass through the bodies of many animals he weakens it each time it passes through one. Having so enfeebled the virus that it will not kill, but will still so powerfully affect the system that it will not only protect the patients from being affected by it but will even arrest the

evolution of the virus in the first degree of intensity, he uses it not only as a prophylactic but as a specific. In the latter form he employed it to treat the case of Joseph Meister, an Alsatian boy, who had been bitten by a mad dog, and who, after repeated inoculations, has been sent home cured. The weak point in this chain of evidence is that Joseph never showed any signs of being affected with rabies, though, of course, the dog that bit him was mad. It would be interesting to find M. Pasteur's experiments verified, for they would obviously form a basis for a treaty of alliance between the champions of allopathy and homœopathy. The former, for the most part, accept the theories of M. Pasteur. Yet, what is inoculation but an applying of the old homœopathic doctrine that "like cures like?" Nay, even the application of the virus in its most attenuated form is but an imitation of the practice of those who put their faith in globules. We should, of course, welcome the discovery of a cure for hydrophobia. It is a fatal disease that has been on the increase in this country ever since foreign breeds of dogs with a dash of the wolf in them have been imported for the English market.—*The Observer.*

#### LONDON HOMŒOPATHIC HOSPITAL.

THE number of patients seeking admission to the institution is rapidly increasing. From April 1st to December 31st, 505 were admitted. The average number of patients in the hospital daily during December is the highest on record, 66. On one day 72 beds were occupied.

Several trained nurses have been sent to lying-in institutions for instruction in "monthly nursing." Having become qualified, these nurses are now available for active service, and can be engaged by applying to the Lady Superintendent at the hospital. This is a very important and useful development of the Nursing Institute, and that the public appreciate it as such is shown by the fact that since the announcement that nurses of this type could be obtained, the number of applications for them has exceeded the expectations of the Board.

Charles Renner, Esq., M.D., M.R.C.P., has been appointed an Assistant Physician to the hospital, *vice* Dr. Lang resigned.

Mr. A. M. Croncher, M.B., Edin., having completed his term of service as house surgeon, has been succeeded by Mr. Hermann Hilbers, a son of the late Dr. Hilbers, of Brighton.

#### CONCERT AT THE LONDON HOMŒOPATHIC HOSPITAL.

ON Thursday evening the 21st ult., a highly successful vocal and instrumental concert was given to the nurses and their friends at the hospital, the arrangements for which were made by Dr. Carfrae and Dr. Blackley. There was a goodly gathering,

including members of the Board and the Staff, with the nurses and their personal friends, among whom were not a few nurses from other hospitals. The piano was lent by Messrs. Erard. The violin parts and solos by Miss Carden and Miss Griffiths were very skilfully performed, while Dr. Carfrae on the viola, and Mr. Oesterly on the violoncello, in the quartettes, were very effective. Master Ludwig—a young gentleman hardly in his teens—showed singular talent with his violoncello. The sweetness and tone of Mr. Dyved Lewy's tenor voice in "Look out, O Love" and in "Maid of Athens" and an encore, were much admired. Mr. Langman gave a powerful rendering of "The Old Brigade" and "The Bedouin Love Song." Miss Eve Gray sang, with great effect, "When the Tide comes in." The entire programme was thoroughly well executed and gave the greatest pleasure to the audience. The entrance hall and The Bayes Ward, where the concert took place, were decorated with evergreens and palms lent by Messrs. Carter, Dunnett & Beale, of Holborn. The Refreshment Buffet, admirably managed by Mrs. Hamilton, was adorned by an automatic fountain lent by Messrs. Dick, Ratelyffe & Co. A thoroughly interesting and enjoyable evening was thus spent. We only regret that considerations of space prevent our doing more ample justice to the kindness of the performers and the excellence of their performances.

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#### LIVERPOOL HOMŒOPATHIC HOSPITAL.

WE have been gratified to hear that Mr. Tate, who so generously presented £10,000 for the building of a homœopathic hospital in Liverpool, has recently doubled the amount of his original donation. At the same time an effort is being made by the committee to raise a sum of £20,000 as an endowment fund. Liverpool abounds in wealth, its citizens are proverbially generous, and homœopathy has been known and appreciated by them for five-and-forty years at least. Hence we make no doubt about this £20,000 being raised in the course of a few weeks.

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#### SUSSEX COUNTY HOMŒOPATHIC DISPENSARY.

FROM the report of the last year's work of this Institution, presented at the annual meeting held at Brighton on the 18th ult., we learn that during 1885 the consultations at the Dispensary numbered 11,227, being 4,026 more than 1884; the visits to patients at their homes were 6,589 in number, or 2,452 in excess of those paid in 1884. The expenditure for the year has amounted to the sum of £342 12s. 8d., showing that a very large amount of useful work has been done for a comparatively small sum.

Dr. Metcalfe and Dr. Douglas Hale are the consulting physicians, Dr. Belcher, honorary physician, and Dr. Webster and Mr. Ockenden stipendiary medical officers, the former having charge of the East and the latter of the West districts of Brighton.

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#### EASTBOURNE HOMŒOPATHIC DISPENSARY.

THE annual report of this Institution states that 456 patients have been admitted during 1886, of whom 354 are reported cured or relieved, 94 as having received no distinct benefit, and 68 as being still on the books. Dr. Gould and Dr. Walther are the medical officers.

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#### OBITUARY.

##### DR. DAVID ROTH.

FEW have worked harder or contributed more valuable work to the development of the homœopathic doctrine than the subject of this brief memoir. To the present generation of homœopathic practitioners he is hardly known, as he had retired from practice long before his death, which took place suddenly last Christmas Day.

He was born at Rossgony, in Hungary, in 1808, went to college at Kaschau, then studied medicine and graduated in Vienna. In 1831, the cholera having broken out in Hungary, he was sent by the Government to the district of Wieselburg to assist the insufficient supply of local doctors to treat the disease. After several months' experience of this disease he removed to Paris, having excellent introductions from Princess Metternich, daughter of Count Zichy-Ferraris, whose acquaintance he had made during the cholera time at Wieselburg.

He was well received in Paris by the Austrian Ambassador, Baron Rothschild, and others. The cholera having invaded Paris soon after this, his previous experience of the disease led to his being much employed in its treatment in Paris, and gained him a numerous *clientèle* chiefly among the highest circles.

It was after this that he set himself to study homœopathy, and he soon made a name for himself among the adherents of that system, as his zeal and energy were inexhaustible. He published a collection of all the remarkable cases treated by the homœopathic school, amounting to about 5,000, with the title *Clinique Homœopathique*, and under the pseudonym of Dr. Beauvais de St. Gratien. This work is in nine octavo volumes, and is a monument of his industry and ability. In addition to

this great work he translated Bönninghausen's *Manual* and edited the *Revue Critique et Retrospective de l'Homœopathie*, in four volumes. He wrote a treatise entitled *L'Histoire de la Folie Musculaire*, to which a prize was awarded by the Academy of Medicine; in conjunction with Dr. Davet he edited the *Journal Homœopathique*; and he edited alone the *Gazette Homœopathique*. His critical papers on some of Hahnemann's medicines are models of acute insight into the true and false of the pathogeneses of the medicines he selects for study. Translations of several of his most important papers will be found scattered about in the *British Journal of Homœopathy*. In fact, his published works in connection with homœopathy are very numerous and extremely important.

But Dr. Roth was a many-sided man, and worked at other things besides homœopathy. He invented a very ingenious calculating machine, which was approved by the Minister of Public Works, who ordered twelve of them for use in offices of his department. A specimen is preserved in the Conservatoire des Arts et Métiers in Paris. In the case of a daring and successful forgery he was consulted by some eminent financiers, and was able to show them the facility with which bank-notes, cheques, &c. could be imitated, and he produced other engravings for such articles which were much more difficult of imitation.

His hobby was to collect engravings and etchings, illustrating historical incidents from the earliest antiquity. He has left behind him an universal history as represented by engravings, etchings, woodcuts, &c., of an unique and most important character, which is to be presented to the National Library of France.

He wrote about Pasteur's fermentation theory, and upon Animal Locomotion.

Dr. Roth lost his wife about seven years ago, and previous to that he was almost blind, and remained so to the end of his life. But though thus deprived of the power of following many of his favourite pursuits, he managed to amuse himself with music, in which he excelled; and he employed two readers, who daily read to him for five hours, whereby he kept abreast of all that was going on in politics, literature and science.

He was buried at the Montmartre Cemetery on the 27th December, and his body was accompanied to the grave by a large number of his friends and admirers. Orations of a laudatory character were pronounced at the grave-side by his friends Dr. Tripier and Dr. Claude.

The deceased, Dr. David Roth, was brother to our colleague Dr. M. Roth. He left no family.

## EDWARD CHRISTOPHER HOLLAND,

BORN, MAY 26, 1811. DIED, JANUARY 5, 1886.

EVERY member of our profession, whether practising homoeopathy or not, who has ever known Dr. HOLLAND, will regret to hear that their warm-hearted, generous, genial friend has passed from amongst us. He died after a long and painful illness on the 5th ultimo, at his residence in Catherine Place, Bath, at the age of 74.

Dr. Holland was born in Lambeth. On the death of his father, who held an appointment in the War Office, he went to reside with his grandfather (Dr. Holland) in Honiton, and was educated at the Honiton Grammar School. At the age of nineteen he entered St. Thomas's Hospital Medical Schools, where he had the honour of being coached by a no less distinguished man than Astley Cooper, and became clinical clerk to Aston Key. At that time the difficulty of obtaining bodies for dissection was great, and he accordingly visited Paris, in order to obtain greater facilities for anatomical study, and to extend his knowledge and experience of medicine.

Having completed his studentship and obtained his medical and surgical qualification, he returned to Honiton, where he established himself in 1834 or 5.

He, and the late Dr. Harris Dunsford, had known each other as students, and on this gentleman's visiting Honiton, naturally enough, conversation turned in the direction of the new "craze" which had laid hold of him. Holland had a case of pneumonia in a child under treatment at the time, one which he and others had given up as hopeless. He took his friend to see it. Dunsford undertook the case on condition that, if he were successful Holland should put faith in homoeopathy. This was readily enough promised. The child did recover, and thenceforth he began to work at the study of the new method. He always claimed that he was the fourth practitioner in the kingdom to undertake practice on the basis of homoeopathy.

In 1852 he removed from Honiton to Rochdale, and rapidly got into very large practice, but the climate and the hard work proved too much for his health, and he was obliged to leave. He thereupon migrated to Norwich, where he succeeded Dr. W. Bell, practising there for twelve years with a great deal of success, and forming a large circle of friends.

At the end of this time, Dr. Bayes, who had been practising in Bath, was desirous of going to Norwich, and in 1868 he succeeded in inducing Holland to exchange with him. In Bath he has since resided and practised, forming the centre of a very large circle of friends, patients and acquaintances, bound to him by the strongest ties of respect, affection and friendship.



Holland's character was "one of a thousand," or rather of ten thousand. Naturally a man of very ardent temperament—brave, generous, and warm-hearted in the extreme—he possessed to the full the national hatred of injustice, cruelty, and oppression, and right bravely did he ever fight the battle of the weak and oppressed, no matter who might be the antagonist with whom he had to contend. He was a warm, earnest Conservative in politics, and a zealous and enthusiastic churchman. As a parochial medical officer at Honiton, he fought the battle of the poor against the guardians, whether lay or clerical, and in these struggles his sense of humour, love of fun, and quickness of repartee stood him in good stead, and many an amusing story he could tell of these squabbles, for our friend had hardly his equal as a *raconteur*.

Nowhere did his so-called heretical views on medicine estrange him from his more self-styled orthodox brethren, and wherever he went he was welcomed as a friend by all save a very few.

While a thorough-going member of the Church of England, his religious sympathies were not bounded by any ecclesiastical line. Generously and cheerfully did he give his aid to "all sorts and conditions of men." How widely appreciated was his liberality will appear from the fact that during his illness prayer was publicly offered on his behalf in the Roman Catholic chapel of the city.

Holland's amiability and geniality were not merely superficial qualities, they were the outward and visible signs of the truly benevolent and unselfish spirit within, and his cheery "Well! my friend," and "God bless you!" will long remain a bright memory to hundreds who mourn his loss.

Dr. Holland was attended during his long illness by Dr. Mackechnie, who succeeds him in practice.

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## CORRESPONDENCE.

### SHALL I PRESCRIBE OR DISPENSE MY MEDICINE ?

*To the Editors of the Monthly Homœopathic Review.*

GENTLEMEN,—Support the chemist and he will support you. This is the pharmaceutical side of the question. My experience is as follows :—During the past three years I have sent hundreds of prescriptions to our local chemist, a man of high standing among the homœopathic body, and, I have every reason to believe, one who entertains friendly feelings towards myself. I have never had a patient either sent by him, or to whom he has given my address; on the other hand, I have sufficient evidence to show that when asked for the address of a homœopathic physician he does his best to take the patient into his own hands. A striking

feature of this case is this, that while the homœopathic chemist never sends me a patient, I frequently see patients who tell me that one or other of the allopathic chemists mentioned my name to them. My experience so far is that the homœopathic chemist is too often a rival practitioner, and the less frequently one sends his patients to him the better. This is not as it should be, but

“ EXPERIENTIA DOCTET.”

[We trust that our correspondent's experience is exceptional. Certain it is that, for a physician to place a patient in contact with a chemist, thorough mutual confidence must exist.—Eds. *M. H. R.*]

## NOTICES TO CORRESPONDENTS.

\*. \* We cannot undertake to return rejected manuscripts. Communications, &c., have been received from Dr. DUDGEON, Dr. BOTH, Dr. GALLEY BLACKLEY, Dr. NOBLE, Dr. GOLDSBROUGH, Mr. CROSS (London); Dr. HUGHES, Dr. BELCHER (Brighton); Dr. MACKECHNIE (Bath); Dr. WOODGATES (Exeter); Mr. CASTELLAIN (Liverpool); Dr. WALTHER (Eastbourne), &c.

## BOOKS RECEIVED.

- Dogs in Health and Disease.* By J. S. Hurdall, M.R.C.V.S. London: Gould & Son.
- American Medicinal Plants.* By Dr. Millsbaugh, Fasciculus iii. Philadelphia: Boericke & Tafel. 1885.
- The Bio-Chemical Treatment of Disease.* By Dr. med. Schüssler. Translated by J. T. O'Connor, M.D. Philadelphia: F. E. Boericke. 1885.
- A Question of Importance to the Young Members of the Profession.* By an M.D. London: Gould & Son, Moorgate Street, E.C. 1885.
- Some Fever Experience.* By Charles Mohr, M.D. Philadelphia.
- Sixth Annual Report of the Society for the Prevention of Blindness.*
- The Homœopathic World.* January.
- The Hospital Gazette.* January.
- The Chemist and Druggist.* January.
- The Chemist and Druggist's Diary for 1886.*
- The Monthly Magazine of Pharmacy.* January.
- The Indian Homœopathic Review.* Calcutta. August and September.
- Transactions of the Am. Ophthal. and Otol. Society.* Baltimore. 1885.
- The North American Journal of Homœopathy.* New York.
- The New York Medical Times.* January.
- The American Homœopathist.* New York.
- The New England Medical Gazette.* Boston. January.
- The Hahnemannian Monthly.* Philadelphia.
- The U. S. Medical Investigator.* Chicago.
- The St. Louis Periscope.* St. Louis.
- The Clinical Review.* Cleveland, Ohio.
- The California Homœopath.* San Francisco.
- Bulletin de la Soc. Méd. Hom. de France.* Paris. January.
- Bibliothèque Homœopathique.* November and December. Paris.
- Allgem. Hom. Zeitung.* Leipsic.
- Leipziger Populäre Zeitschrift für Homöopathie.* January.
- La Reforma Medica.* Mexico.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 13, Church Road, Tunbridge Wells, or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 52, Moorgate Street, E.C.

THE MONTHLY  
HOMŒOPATHIC REVIEW.

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CLINICAL NOTES ON DISEASES OF THE  
URINARY TRACT.\*

By EDWARD BLAKE, M.D.

MR. PRESIDENT AND GENTLEMEN,—You will all readily admit the importance of a careful investigation of the throat, the kidneys and the lung, with a view to detect latent or dormant disease.

On the first and on the last of these vital topics I have already had the honour of treating before this Society. To complete the list I have therefore selected for this evening's subject some of the more common disorders of the kidney and its appendages.

I shall naturally address myself chiefly to those forms of urinary trouble which present themselves most frequently to our notice.

As I have tried to make my paper as practical as possible you will, I know, be indulgent if it prove to be rather disjointed in arrangement and abrupt in style.

We will, with your permission, Mr. President, trace the disorders which will occupy our attention this evening backwards from the extremity or distal termination of the urinary tract.

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\*Read before the British Homœopathic Society, February 4th, 1886.

*Urethral Papilloma.*

The first I will notice is urethral papilloma in women. I have frequently treated this condition with varied dilutions of *thuja* and with topical applications of the same drug with invariable want of success.

The tumours to which I refer are not gonorrhœal in origin, they are well known to you all, they are found in persons above suspicion with regard to venereal infection.

I feel convinced that *thuja*, so remarkably successful in the removal of gonorrhœal warts, is the wrong remedy for non-venereal papilloma. I think it probable that the right medicine is to be sought amongst the remedies for the *uric acid* diathesis, for I have found lithiasis present in every case that has appeared in my consulting rooms.

An appropriate temperate diet, suitable clothing, renewal of lost back teeth, insistence on proper mastication, and a careful study from signs and symptoms of the most strongly indicated gravel-medicine, together present, in my opinion, the greatest chance of success.

These tumours appear to occur most frequently in the same class of subject as inveterate corns, which, you well know, will afflict people who do not wear mis-shapen or ill-fitting boots.

I do not now waste my own time and that of my patient by useless and tedious medication, when these troublesome little growths are present in the meatus urinarius. After dilating the urethra well, I snip them off. The subsequent application of the thermocautère or the electric cautery both obviates hæmorrhage and diminishes the chances of recurrence.

*Cystocele or Vesical Hernia.*

This distressing disease has only recently been recognised at all. Even now it is ignored by a large mass of the profession. Like cervical laceration, with its grave results, its importance was forced upon the attention of surgeons in this country by their Transatlantic brethren. Though still unhappily deemed by many to be a trifling matter—rather beneath a doctor's notice than otherwise, it is, in reality, a source of indescribable misery and humiliation to the unfortunate possessor.

*Case of Dysuria and Constipation cured by Perineorrhaphy.*

Mrs. F., aged 61, has borne many children. Thirty years ago was severely lacerated, and now has a large cystocele

the size of a hen's egg. Has suffered ever since with frequent micturition, dysuria and severe constipation. Is profoundly depressed, and thinks she must have heart disease. Her worry with her bladder is such that she cannot drive across London without arranging to stop somewhere to void urine. This is frequently a source of serious inconvenience.

She had been five years under a homœopathist, noted for the liberality of his doses, she cannot remember that he suggested that any radical cure was possible. She was afterwards six years under a homœopathist, who is noted for the exiguity of his doses, she is unable to recall that he ever hinted that a simple operation would cure the whole trouble.

Since that she has given allopathy a turn, so that medication pure and simple may be said to have had a really fair trial. Of course it failed as medicines have a habit of doing when they are illogically put to cure a mechanical condition.

After perineorrhaphy done in August, the constipation and the dysuria entirely ceased after 30 years' standing; the more remote reflex signs are slowly fading away.

It is curious that some women suffer from severe cystocele with scarcely any symptoms. This is especially true in those cases where rectocele is either very slight or entirely absent. The rectal accumulations of patients with a well marked rectocele greatly irritate the adjacent viscus, and they doubtless serve to make it intolerant of overloading.

Here let us ask why a hernia of the bladder gives rise in some instances to such extreme discomfort and suffering? This doubtless is due in part to the dislocation itself with the inevitable traction on the peritoneum.

But another reason is shown by the rough sketch I exhibit of an anteroposterior section of a healthy full bladder and of a cystocelic bladder after the attempt to void urine.

You see that unless the patient be in a prone position the bladder is never emptied. Now, what happened to that retained portion of urine? Certain salts are deposited, which should not be thrown down, and in bad cases the residue becomes ammoniacal and thus greatly adds to the cystic distress. The nature of the discomfort is triplex, it is physical, physiological and chemical. Of course the remedy is perineorrhaphy, and the immediate operation should,

under all ordinary circumstances, be preferred, and for the following reasons.

1.—It can be done under the anæsthesia induced for the labour.

2.—It saves present pain in removing the raw feeling, which amounts to torture on passing a hot acrid fluid like urine over the exposed surface.

3.—It diminishes the chances of septic absorption.

4.—It promotes subinvolution.

5.—It economises future mental distress in the way of looking forward to an operation.

6.—It economises the sum of suffering physically.

7.—As long as men are so very human as we find them it is of no use to ignore the fact that a bad rupture, if neglected, is prone to prove a factor in male faithfulness.

I do not hesitate to say that it is no necessary reflection on any accoucheur to have a laceration occur, though he should try to prevent it by thorough macerating with hot wet flannels, but it should be viewed as a disgrace to leave one unstitched.

Silver sutures, with plenty of tissue taken up, appear to answer the best, owing to the destructive effect of urine and of discharges on organic ligatures.

#### *Case of Temporary Hemiplegia reflected from Pelvis.*

I have recently seen a curious result of cystocele of ten years' standing. So much reflex heart-disturbance was set up that the lady would be seized in the street with sudden irregular cardiac action, then she would lose the use of the left arm and left leg, and would stagger as if intoxicated, and, much to her mortification, would sometimes fall in a crowded street. This rather trying symptom disappeared with the incessant desire to empty the bladder, after perineorrhaphy was performed and the prolapsed uterus was maintained in its normal position.

Where you encounter an old cystocele and it is not convenient to urge immediate operation, what can be done meanwhile to relieve the patient's misery?

You may forbid a tight corset and suggest a belt; recommend abstinence from irritating articles of diet; urge the patient to make water on the hands and knees, at the same time lifting the floor of the bladder with her two fingers. Teach her how to introduce by day a good large

tampon of animal wool covered with alum 1 part, and sugar 6 parts, supported by a T bandage.

It is well to attend to any cough the patient may have, and then with such medicines as *nux vomica*, *ferrum muriaticum*, *causticum*, *equisetum* or *staphisagria*, very much may be done to earn the patient's gratitude. Under *staphisagria* 1c I have seen the dysuria disappear altogether for a time. Not the less is it our bounden duty to frankly place before the sufferer the opportunity of a radical cure.

That the perineum may split again in the succeeding labour is no excuse for not operating.

It is our place to think of the *present* comfort and well-being of the person committed to our care, rather than of possible future contingencies more or less vague and uncertain.

The next labour may never come, and a good perineum, through improved evolution, often escapes intact.

It is terribly saddening to think of the vast amount of preventible misery patiently endured by women of all classes through the unrealised results of a split perineum. The bearing-down, the frequent and ineffectual efforts to completely empty the bladder, the obstinate constipation, combine to poison the life of a poor woman. To the rich, who naturally shun exertion, come languor, dyspepsia, obesity, hysteria, hypochondriasis—a train of evils which we all know, but do not always relegate to their primary cause.

#### *Retention of Urine.*

If the usual palliative measures have proved ineffectual, and the very finest gum elastic catheter passed up to the stricture without a stilette fail to pass through with the wire inside, then we must empty the bladder by some abnormal method, or it is plain that the patient will die.

Supra-pubic aspiration seems to possess marked advantages over rectal puncture—

1st, because blood-clots and concretions are, by the laws of gravity, quite out of the way ;

2ndly, because the wound has a better chance of healing after ;

3rdly, because we can see what we are doing and what we have done much more distinctly and readily.

It is just as well to remember to tie the canula firmly to the pubic hair, having fitted a wooden spigot conveniently

cut from a match. Of course the canula is retained till time has been allowed to attend to the cause of the urethral obstruction.

*Obstructive Suppression, or Mechanical Anuria*

is best treated by mechanical measures which vary with the nature of the case.

*Non-Obstructive Suppression or Physiological Anuria.*

*Bryonia* I have found best in the suppression which sometimes occurs in measles. *Opium* in enteric fever covering retention as well. *Acon.*, *bell.*, *canth.*, *apis*, *vespa.* or *terebinth* according to symptoms meet the acute Bright's Disease, which leads to anuria in severe cases of scarlet fever.

Of course hot blanket general packs occupy the first rank in remedial measures.

*Albuminuria.*

The very highest honour is not too much to pay to the memory of James Simpson for drawing the attention of the medical profession to the apparent relation existing between an albuminous state of the urine and the occurrence of puerperal convulsions.

I say "apparent," because, as you well know, it is now recognised that the presence of albumen in the urine bears no direct relation to eclampsia.

Women who are old-established albuminuriacs may go through labour without anæsthesia and without convulsions. Women may have eclampsia without a trace of albumen in the urine.

The former position is supported by the two following cases which have come under observation.

*Case of Albuminuria without Convulsions.*

Mrs. X., aged 29, was known to have been constantly passing albumen since the age of 19. Oxalate of lime had been found in her urine, but casts never. She was married at 19, but did not conceive till 29; she was delivered by forceps without anæsthesia, of a male child at term. There was no trace of convulsion. Some reason exists for supposing that the albumen came from one kidney only; thus the excretion of the products of retrograde tissue-metamorphosis, was probably not seriously, and certainly not suddenly interfered with.



An interesting point about this case is that a pedunculated floating tumour disappeared after delivery. It had been known to be there during ten years before, and the albuminuria was much better during the decade that followed this pregnancy than during the ten years that preceded it.

This lady is now in good health; she has not again become pregnant.

*Case of Albuminuria without Convulsions.*

Mrs. Q., aged 25. Soon after marriage consulted me for supposed pregnancy. I found the uterus was not gravid; copious albumen was detected in the urine, but no casts.

This condition improved under general treatment, but did not disappear. A few months afterwards she became *enciente*, and was delivered safely of a healthy male child at term; there was no eclampsia.

This lady soon after ceased to reside in England, so that I lost sight of her, but her husband, whom I afterwards saw, reported that she had borne eight children with quite favourable times, and she ultimately died of alcoholic poisoning.

It is not a little curious that the cases in my own practice of puerperal convulsions have never occurred in albuminous women, and it is equally true that the mothers who have come under my care suffering from Bright's disease before pregnancy, have in no single instance become eclamptic.

The members of the British Gynæcological Society were not a little startled by hearing recently a distinguished obstetrician put forth the astonishing rule that artificial labour should be promptly induced in the case of women suffering from albuminuria, and this without qualification.

It does not require much consideration to come to the conclusion that such a precept would be fraught with peril from its medical aspect, but it would be even more from its forensic side, affording as it might do an ample cloak to shield the vilest criminal practices.

Happily it was not suffered to go forth to the profession as an authoritative utterance, with the imprimatur of so important a medical gathering. It was subsequently formulated that if pregnancy be associated with recent nephria, with severe and increasing dropsy, the evidence of grave

renal or cardiac changes be not wanting, and especially if a careful quantitative analysis reveal a dangerously low proportion of advanced products of histolysis, then, and not till then, does artificial abortion come legitimately into the foreground.

Other things being equal, the more recent the albuminuria in a woman who has not borne children the more justifiable is induced labour.

The remedies that have served me best are *apis*, *bell.*, *canth.*, *helleb.*, *ferr. muriat.* (*in massive dose*), *terebinth*, *plumbum*, *uranium*, *ars.*, and *sulphur*. *Apocyn.* has done nothing for me, nor have I seen any good results obtained from drugs more recently introduced.

Hot blanket packs, followed by inunctions of ordinary Lucca oil, also hot-air baths, with subsequent firm frictions, are invaluable aids to drug action. In severe cases hydragogues are certainly of use, with the risk of oxytocism, but the employment of gin and of the whole tribe of diuretics is deeply to be deprecated.

#### *Hæmoglobinuria,*

or an escape of the colouring matter of the blood into the urine without corpuscles.

This disease is usually diagnosed as a liver affection, but there is no bile pigment in the urine. The symptoms are curiously like those which accompany pelvic hæmatocele, if the blood be absorbed rapidly; but as hæmoglobinuria is a disease of men, it is not easy to mistake it for hæmatocele.

It is of the utmost importance to distinguish it from hæmaturia lithiatica, because the exertion so beneficial to the latter always aggravates hæmoglobinuria.

The classic signs are blueness of the exposed parts of the face, headache, thirst, yawning, rigors, malaise, lumbar weight or tenderness extending to the umbilicus or thighs, beaten feeling in legs, retracted testicle, urticaria with nausea or vomiting; sometimes casts are seen and sometimes oxalate of lime.

Allopathic treatment of this disease has been particularly unsuccessful, excepting where a homoeopathically-acting remedy has been by accident employed. Thus Hassall found he could best combat the condition by means of *sulphuric acid*, and Bamberger\* has recorded that the best

\* *Centralblatt für Medicin.* Wissen, 1874, p. 571.

way to cause hæmoglobinuria artificially is to administer over-doses of *sulphuric acid*.

Homœopathy is rich in the possession of drugs which have distinctly induced this disorder. *Arseniuretted hydrogen, carbonic acid, sulphuric, pyrogallic* and *muriatic*, but especially *carbolic acid*, have been observed to set free hæmoglobin in the urine.

It occurs associated with duodenal ulcer after severe burns, and both Jacobi\* and Dreschfeld† have detailed typical examples of this condition after large doses of *chlorate of potash*, a remedy rather neglected I fancy by our school.

#### *Hæmaturia.*

The acute type of sanguinolent urine will alone engage our attention, and as something like ninety per cent. of cases of acute or temporary hæmaturia are, at least in this country, due to lithiasis, we will confine ourselves to the consideration of that form alone.

If the case be uncomplicated it is wise to prescribe the most violent exercise that we can persuade the patient to take.

It is really rather difficult to devise movements sufficiently abrupt, and yet appropriate to a corpulent case in middle life afflicted with an oppressive sense of personal dignity.

Sharp spinal succussion, with deep kneading, also circumduction and rotation of the lower dorsal and upper lumbar regions are certainly of service. Hot baths and copious diluents, *Salutaris* and *Vichy I* have fancied to answer the best.

Dr. Charles Collins, of Leamington, speaks highly of *pareira brava* in aiding the descent of the stone; Dr. R. Hughes, *berberis* and *pareira*.

I have known a good shake in an omnibus of real value and the most lethargic person can be induced to take a long country drive over newly metalled roads.

The moment that the microscope has told us that we have to do with hæmorrhage from the upper portion of the tract, dependent on lithiasis and on that alone, the presence of blood cylinders or even of a few recent fibrinous casts, forming no contra-indication, the common-sense course is

\* Jacobi—*N. Y. Med. Rec.* 1879, xv. No. 11.

† Dreschfeld—*Proc. Internat. Med. Cong. Lond.* 1881.

to try and get the cause of the hæmorrhage through the ureter as fast as possible.

We know well enough that we shall, having done all, too often fail—we cannot predict the size of the obstruction from the symptoms.

Too well we know the exceeding gravity of impacted stone, for even brilliantly successful nephrectomies have not robbed it of all its horrors!

The next cases well show the inconveniences of not following this rule.

*Case of Renal Calculus injured by rest.*

A. P., aged 30, is an enthusiastic cricketer. His father suffers from various symptoms, which are attributed to gout. Has eczema of head and foot, passes considerable quantities of uric acid. He has indeed had explosions of a true classic gouty character.

One day the son, after taking exercise, suddenly complained of pain behind the quadratus lumborum, near the line of the 12th rib. The pain was dull, aching, heavy and persistent. His doctor in the country prescribed rest, hot baths and poultices. These were persevered in for some weeks with no improvement.

Then a London physician was consulted. He diagnosed a stone, probably lithic acid encysted in the kidney. He directed incessant exercise of a violent and abrupt kind to be taken. Unfortunately this excellent advice came too late. The stone had apparently become encapsuled, not impacted, as there was no hydronephrosis. The patient's health was permanently, perhaps needlessly injured. Though nephrosis did not occur, the man became thin, haggard and lead-coloured. The depuration of the blood was without doubt gravely compromised. There is good ground for fearing that one kidney is lost.

*Case of Oxalate Hæmaturia Cured by Exercise.*

Mrs. C., a young married lady, whose husband was in India, passing through London on her way to join him, was suddenly seized with severe hæmaturia. A general practitioner of the old school was at once summoned, he called to his aid Sir William ——. They ordered complete rest. The patient's mother was telegraphed for. She very wisely dismissed these gentlemen, and sent for the nearest homoeopath. He, finding that the young lady before reaching

town had been drinking water rich in calcareous salts, that she was passing a considerable quantity of oxalate of lime, that in other respects her health was excellent, ordered her to get up immediately, and take a great deal of exercise. This was followed by the most satisfactory results. In a few days this lady was able to proceed on her way to Brindisi as had been arranged, and her mother was liberated from a highly inconvenient duty.

*Case of Lithiasis, Eczema and Myalgia.*

An old gentleman, nearly 70, used to periodically consult me during the London season for eczema of the face, myalgia of tibialis anticus, and of the erector spinæ.

During the 3 years that my knowledge of him extended over, he never once, I believe, passed water without voiding large quantities of uric acid. When this uric acid came away promptly and freely, he could not be said to be much the worse for it.

I calculated that on certain days he would pass not fewer than one hundred thousand distinct lithic crystals about the size of red pepper granules.

He had the usual sleeplessness, due doubtless to the stimulating effect of the uric acid on the left cardiac ventricle.

Occasionally he suffered from attacks of hæmaturia, evidently depending on an unusual accession of lithopoiësis. His habits were simple and abstemious.

This patient had been long in the habit of taking regular horse exercise. He believed with Lord Palmerston that the best thing for the inside of a man is the outside of a horse. When blood made its appearance in the urine in town I always urged on him a good deal more exercise than was his wont. If he managed to get an attack of hæmaturia in the country, his professional attendant there made a point of keeping him in bed.

Thus we enjoyed admirable opportunities of comparing the relative advantages of the two rival methods. This curiously divided view of the most appropriate treatment of his case could not fail to impress the patient with the beautiful harmony that characterises medical practice.

*Actæa* 1c relieved the myalgia of the sacro-lumbalis, but nothing ever affected the production of uric acid.

Basham, a most careful and minute observer, has given

a very useful hint, with which a good telling score in the way of successful prognosis may sometimes be made.

It is this:—If uric crystals be passed without mucus, you may usually set the gravel down as a temporary chance visitor who may never intrude again.

If mucus be plentiful in the urine, give a cautious prognosis, for the acid will recur.

I have had many opportunities of confirming the truth of this exceedingly neat and useful piece of clinical observation.

#### *Diabetes Mellitus.*

The mention of lithiasis leads naturally to my concluding subject—the elements of prognosis in glycosuria, with especial reference to the relation borne by sugar to *uric acid*.

There is some ground for supposing that in certain cases sugar and *uric acid* exert an excluding influence on each other. This particular point has not, in my opinion, received the amount of attention it merits. For, if there be any such rule, it is a very great thing indeed to be able to speak honestly with hope to a patient who is afflicted with a condition naturally viewed with the gravest forebodings. It is difficult to over-estimate the value of pieces of prognosis if they be fairly established on a sound basis. Three times in this dreaded disease I have been able to predict a long and favourable course by attending to this particular point.

With regard to two of these instances, the patients lived at a distance, they were seen at such irregular intervals that I have unfortunately not preserved full notes.

#### *Case of Diabetes, alternating with Lithiasis.*

The first, a clergyman over seventy years of age, though inclined to be stout, was of active and temperate habits. With sugar in the urine, alternating with free lithic acid, by careful dieting he continued to live ten fairly enjoyable years. He retained sound faculties and enough activity to carry on the duties of his profession to the last.

#### *Case of diabetes alternating with Lithiasis.—Death due to Cancer.*

In June, 1875, I was consulted by Mrs. T., aged 52. Dark hair and eyes, short and stout. Is a widow in good circumstances, of a bright and buoyant temperament. She

leads an active and abstemious life. Though she has a good deal of personal responsibility, she has enjoyed her duties till the past year when she has been subject to fits of profound mental gloom.

Since her widowhood, 20 years, has chiefly resided at Brighton, and has always been under allopathic treatment. Was formerly of very full habit, but during the last twelve months has lost flesh to a very marked extent, so that her friends are quite concerned at the change in her appearance. She complains of an exhausting chronic milky discharge from the vagina, of vulvar pruritus, constipation, there is a glazed and beefy state of the tongue, also incessant and increasing thirst which nothing allays.

It reflects great credit on her medical attendant that with this suggestive group of signs, though in constant attendance, no examination of the urine was made, and no modification of ordinary regimen was suggested.

The leucorrhœa promptly disappeared and the constipation was abated by removing a cervical polypus which measured 120 centimetres in circumference. The urine was rich in sugar, but no other peculiarity existed with regard to it.

Under a strict non-amylaceous diet with *mercurius corrosivus*, 1 centesimal, the functions of the liver returned, thirst greatly diminished, and her flesh and her cheerfulness came back together. *Uranium nitricum* in the sixth dilution seemed to be of service, but as it failed to suit so well as *corrosive sublimate* we returned to that drug. The sugar steadily diminished in quantity under dieting and *merc. corr.*, but it did not disappear until next summer when she went to Carlsbad, leaving her worries in England. There, whilst drinking the famous waters, a remarkable change took place, every trace of sugar went and she began to pass lithic acid freely.

This lady remained free from glycosuric symptoms for ten years under a moderate diet not entirely devoid of starch. She ultimately died of acute scirrhus of the breast, which ran its course in nine months. During the last weeks diabetes set in with more severity than ever.

*Case of Diabetes, alternating with Lithiasis, terminating in Cure.*

Mr. K., aged 62, living on a clay hill in the neighbourhood of Norwood, is short, stout, with clear skin and ruddy colour. He is a man of placid temperament, of quiet and

regular habits, and though a director of many companies, he is most moderate in his devotion to the pleasures of the table. He has a good deal of thwarting and annoyance in the management of his commercial undertakings, which indeed are of a certain magnitude.

Till 27th of March, 1883, he was quite well. Then he perceived for the first time that he began to make water much more freely and frequently than was his wont. Eight times a-day was now the average instead of the usual three or four times.

He occasionally felt a pain passing down the course of the right ureter. He did not, however, find it needful to leave the bed at night. His tongue and palate became clammy, and he grew gradually more thirsty day by day. He had never felt symptoms like these before.

I first saw this patient on 6th April, 1883. The urine then, on being boiled with liquor potassæ, assumed a deep port wine tint. All alcoholic stimulants, starch and sugar were forbidden, and *uranium nitricum* 6, 5 minims three times a day whilst fasting, was ordered. At my request he resigned his directorates and arranged to lead a life free from needless anxieties.

On next examining the urine, which I did on April 10th, only four days after, there was a surprising change. No sugar was yielded by the potash test. Specific gravity was only 1022. Clamminess of mouth had gone. He now micturates only five times a day, and the unusual urging to pass water has ceased. The quantity of water passed by the kidneys in twenty-four hours has diminished by one third. Copious lithic acid is now deposited.

Here was a case caught, as we so seldom are fortunate enough to get them, on the threshold.

The speedy appearance of uric crystals, the stoutness of this gentleman, the simplicity of his habits, all conspired to induce me to give a most favourable prediction as to the future course of the disease.

Nearly three years have passed by, and the health of this patient is at the present time perfect. Quite recently I made a most searching scrutiny of every function and of every organ, and with an absolutely negative result.

During all this time there has been but one relapse. Early in November last he took a slight chill; the lithic acid forsook the urine, and was replaced for a fortnight by sugar in moderate quantity.



Slight tinnitus aurium, a stuffed nose and polyuria disappeared under the use of turkish baths and *bovista* 30 by day with *bovista*  $\emptyset$  at night.

Symptoms that complicated the course of the case were erythema of upper lids and angle of right jaw, a torpid state of the liver, myalgia of the abductors of left upper arm and osteo-arthritic changes in the knee, the last symptom disappeared under *benzoic acid*, 12.

Other remedies were employed during the three years ; they were *sulphur*, *aconite*, *bryonia*, *apis*, *rhus*, *muriate of berberin*, *phosphoric acid*, *muriate of iron*, *quinine*, *lachesis*, *podophyllin*, *yellow iodide of mercury*, *iodide of potassium*, *bichromate of potash*, *nitric acid*, *pulsatilla*, *silica*, *lycopodium* and *nux vomica*.

Most of these were administered in the 30th dilution. They were nearly all selected with a view to covering the totality of the symptoms rather than with the idea of treating the glycosuria as such.

As a matter of prognosis, it has been observed that other things being equal a favourable future may be predicted in proportion to the patient's fleshiness and age.

All three of these persons were of full habit of body and past middle life.

Optic, thoracic and intestinal complications are of very serious import. The next case shows that *albuminuria*, said to be of fatal significance, is not necessarily so.

But all said and done, the glycosuric holds his life on a frail tenure, hence the importance of knowing when we may speak hopefully.

Lastly, I have just come into the possession of a most valuable piece of evidence.

#### *Case of Diabetes alternating with Lithiasis.*

A few days ago I had the rare good fortune to fall in with a scientific chemist, who has known himself to be passing sugar in varying quantities for the past six years.

At the age of 56, feeling languid and thirsty, he consulted Sir Wm. —, who found that the urine not only contained a large proportion of sugar, but that it became solid on applying heat and nitric acid.

This patient has analysed his own urine systematically, both in a quantitative and a qualitative way.

He assures me that the sugar and the lithic acid have always been complementary to each other.

Professor — goes every year to Carlsbad, the waters of which place always reduce the specific gravity of the urine to the normal point, and the sugar to a minimum. Last year he took *codeia*, 2 grains each day for six months without any improvement.

Finally I am tempted to say that it were better, save for dieting in certain hepatic cases, that neither doctor nor patient should know that sugar exists in the urine, so frightfully depressed do patients become when they learn that they are diabetic.

I do not believe in any anti-diabetic remedy, because I feel sure that sugar is merely a symptom, and is not in itself a pathologic entity; therefore to suffer it to fill the field of our therapeutic vision when prescribing is a grievous error.

#### DISCUSSION.

Dr. DUDGEON, referring to diabetes, said that the presence of uric acid crystals with diabetes was not unknown. He had had a case of diabetes and the urine generally contained uric acid. In another case there seemed to be an alternation between sugar and triple phosphates. After a time the patient went under an allopath, who put him entirely on milk. After undergoing this for some months he called in Dr. Dudgeon, who found the sugar was back and the triple phosphates were gone. His general health was good, and there was not much sugar. No medicine was given. On the whole Dr. Dudgeon thought him improved. Regarding retention of urine in a case he was called to see in consultation, there was apparently ascites, the urine was normal. Dr. Murchison had pronounced it ascites. A surgeon was consulted, and he passed a catheter, and an enormous quantity of urine was drawn off. It was an enormously distended bladder that filled the whole abdomen. The medical man who had been consulted did not know there was anything wrong with his bladder, as he passed daily the normal amount of urine.

Dr. HUGHES questioned the truth of the maxim with which Dr. Blake began, for (save in diphtheria and scarlatina, which were obvious) young children's throats were very rarely affected. Still more did he doubt its relevancy to the present paper, as only one form of real kidney affection was mentioned, viz., albuminuria in pregnancy. Dr. Blake had maintained that this was not so ominous as it was generally accounted; but he, Dr. Hughes, could not think that the two cases adduced bore out his contention. In both the albuminuria had existed before pregnancy set in, so that the system had had time to adjust itself to the new condition. It was when albuminuria super-

vened during pregnancy that it boded evil in the form of convulsions. Among the medicines for it, he was surprised that Dr. Blake had not mentioned *mercurius corrosivus*, as it was one in which Dr. Ludlam had great confidence. He (Dr. Hughes) agreed that *Thuja* was useless in urethral papilloma, but was very well satisfied with the action of *eucalyptus*, internally and locally—a prescription for which he was indebted to the late Dr. Woodbury, of Boston. He had nothing fresh to bring forward about the passage of urinary gravel, but could give high commendation to the *borocitrate of magnesia* (ʒj to ʒviij, a tablespoonful three times a day) as a solace for it. As regards diabetes, he would note the frequency with which he had seen the diabetic coma of late years. It had always proved fatal in his experience; in one case it set in with dyspnoea, in another with hæmatemesis.

Dr. CLARKE mentioned a case of retention of urine in a patient who was the subject of locomotor ataxy. Cream of tartar and croton oil had been given without success. *Bell.* 8 and *canth.* 8 gave complete relief, and no further trouble occurred. He also had seen uric acid present in saccharine urine.

DR. NOBLE had found *apocynum* of great use in dropsy from heart disease, but not in renal; neither would he give gin or other diuretics in renal cases. He had had lately a case of excessive albuminuria of pregnancy, in which he delivered the patient at term, without any uræmia or other bad symptoms occurring. The dropsy was considerable, but he was never able to discover any tube-casts in the urine. In his opinion the presence or absence of casts materially affected the prognosis. In diabetes mellitus, Dr. Noble had found *acidum phosphoricum* do more good than any other drug. He had never seen any benefit derived from *nitrate of uranium*. In a case at present under his care, of combined glycosuria and albuminuria, treated persistently with *acidum phosphoricum* and *arsenicum* given in alternation, the sugar has nearly disappeared, and although the amount of albumen remained about the same the general condition of the patient was vastly improved.

Dr. JAGIELSKI asked if Dr. Blake had used electricity or massage in cystocele. In diabetes he had had striking results from the use of *koumiss*. The lactic acid of the *koumiss* did not increase the lithic acid diathesis. In very stout cases he would use the whey *koumiss*.

Dr. BRIGGS, of St. Paul's, Minnesota, said that in diabetes he had found *strychnine* 2 trit. (or  $\frac{1}{100}$  gr. pills, sugar-coated, of Parke Davis), alternated with *nitrate of uranium*, do most service. The *strychnine* would control the nervousness and wanting to pass urine more frequently at night.

Dr. GALLEY BLACKLEY had recently had several striking cases of diabetes. He had tried *uranium nitricum*, but had never seen

the slightest appreciable effect. The more he sees, the more doubtful he becomes whether he has ever done any good in the disease. In some cases it has been distinctly intermittent. In one case he gave *ac.-phos.* 1x, five drops three times a day, and the sugar diminished and he got better. Afterwards the patient informed Dr. Blackley that he had had diabetes forty years—since he was fourteen. He got clear of the sugar for six months at a time. He got better that time, but when Dr. Blackley was away for his holiday the man had an attack of diabetic coma and died. This man was a farmer in Hertfordshire, who looked the picture of robust health, and the very reverse of spare. So he objected to Dr. Blake's dictum that a stout subject is the best. With regard to diet, Dr. Blackley is coming to the conclusion that the various forms of dieting are immaterial. One case of his went to a physician, a specialist in diabetes, who put him on restricted diet. The sugar diminished, but returned when he returned to his former diet; there was no real amelioration. It is not usual to find any solids in diabetic urine; this may be due to the solvent power of sugar over usually insoluble substances. It might be useful to treat uric calculi with glucose. In gravel he had had good results from *borocitrats of magnesia*, four grains thrice daily. *Benzoic acid* is worth a more extended trial. A case which resisted all the usual remedies was much benefited by *benzoic acid* 1x, five grains three times a day; the patient was an old man, and was much improved. He thought albuminuria was the chief topic Dr. Blake mentioned. Dr. Blackley was surprised no reference had been made to casts. A patient once under him had albuminuria, and had been treated by having premature labour brought on. She had been under a distinguished physician, who showed her the albumen in the test tube. Dr. Blackley found under the microscope *pus* as well as albumen. She went to the full term, and lived some months after the child was born.

Dr. ROTH (in the chair) said we are always producing sugar; the *production* is normal, but the *excretion* is not normal. This may account for the intermittency, the production being greater at some times than at others. An interesting case of albuminuria occurred in a patient of his who had suffered from an injury to the leg. One day he met him in Brighton, and saw his face swollen, and found him suffering from albuminuria. He was under a homoeopath, who gave *terebinth*. He got no better, and subsequently came under Holthouse and George Johnson. He went from bad to worse. His abdomen was swelled, he began to lose his sight, and could not walk without crutches. He saw him as a friend, showed him an article in a medical journal on the skim-milk treatment of diabetes and albuminuria, and asked him to show it to his doctors. They pooch-pooched the idea, and gave *elaterium*. He got worse, and at last the patient prevailed

on Dr. ROTH to treat him. He put him on skimmed milk and nothing else. No other food was permitted, but it was advised to give some *potash*. *Potash* did no good, but when he gave him *citrate of potash* he at once passed a good quantity of water. For thirteen weeks he took this milk, ten to thirteen tumblers a day. The tongue soon became slimy, and he advised a few grains of salt. He gave twenty-one grains of the *citrate of potash* in two or three doses in a wineglassful of water. In thirteen weeks he went to Brighton. With shampooing and exercise, to improve the nutrition and appetite, he rapidly gained strength and became quite well. That was in 1870, and he is now in excellent health.

Dr. BLAKE, in reply, was indebted to Dr. Hughes for bringing *eucalyptus* before his notice for urethral papilloma. *Merc. corr.* should certainly have been given a prominent position amongst the albuminuria remedies; it was, in point of fact, the only medicine that did any good to Mrs. X. Hepatic or functional albuminuria has been attributed to hereditary syphilis. If this were true, mercurials would of course be especially indicated in that form. He entirely agreed with Dr. Hughes that acute and recent nephria in pregnancy should lead to a most guarded prognosis, especially if urea scanty and casts numerous. Dr. Galley Blackley's suggestion that the presence of glucose kept salts in solution that without it would be deposited, would explain the frequent absence of any kind of crystal in diabetes. The existence of a remittent type of glycosuria would explain the alternation. Perhaps, to say that fat people live longer than spare persons with this disease, is only another way of saying that the old live longer than the young. Diabetes may nearly be said to be normal in advanced life. *Uranium* was not introduced by Dr. Blake, but by Dr. Bradford, just a quarter of a century ago. The first provings were made by Dr. Blake in 1867. Of twenty-one animals of various species long dosed with the drug not one passed sugar on a single occasion. So Dr. Blake was not surprised that Dr. Blackley had been disappointed. No drug can be said to have been fairly on its trial in glucosuria till it had been tried without changing the diet. Recorded cases are vitiated by the unfortunate introduction of the element of rigid dieting. The trial of a remedy like this could be conducted best in some hospital on an in-patient, for then quantitative estimates could be made with certainty. Dr. Blake did not say more about casts because he considered too much had been made of them in certain cases. A few transient small hyalines meant necessarily nothing. They are actually normal at puberty. Persistent large, waxy, opaque, granular, fatty or else purulent, especially if numerous, are certainly of ominous portent. Their existence is far more grave without albumen than albumen is

without casts. For a hundred causes—from tight-lacing to too many tarts—will induce albuminuria. But a sustained low percentage of urea is more perilous than even the presence of tubercasts. We have lived to see albuminuria, supposed by its discoverer Bright to be a distinct typical disease, reduced to the mere level of a symptom. Prout's oxaluria and phosphatic diathesis have shared the same fate, and doubtless diabetes will ere long be viewed with the same eyes.

### DR. QUAIN ON THE HEALING ART, IN ITS HISTORIC AND PROPHEPIC ASPECTS.\*

BY ALFRED C. POPE, M.D.

THERE is no name on the now lengthy roll of the Royal College of Physicians with which the progress of physiological science is more intimately associated than it is with that of WILLIAM HARVEY—the father of modern physiology, the first physician who ever estimated aright the essential importance of experimental research in every branch of natural science. What HARVEY was to physiology, MORGAGNI, in a lesser degree, was to pathology, and HAHNE-MANN, in one still higher, to therapeutics.

Since 1656, with but a few brief periods of intermission, the College, which has so largely benefited by Harvey's generous devotion to its interests, has annually commemorated in an oration, delivered by one of its most accomplished fellows, the life and work of its sometime President, and ever benefactor, who—

“Sought for truth in Truth's own book

“—Creation—which by God Himself was writ.”

The fund which provides the orator's *honorarium*, is derived from property transferred to the College by Harvey for the purpose during the year prior to his death. In the instructions accompanying the transfer, he directs that the Oration shall be devoted to “the commemoration of those who had approved themselves benefactors to the College, and, by extension, who had added aught to the sum of medical science during the bygone year.” The fellows are also to be encouraged by the orator to “search out the secrets of nature.”

\* The Harveian Oration, delivered before the Royal College of Physicians, October 19th, 1885, by Richard Quain, M.D., F.R.S., Fellow of the College. London: Longman, Green & Co. 1885.

As a matter of fact, each successive orator has endeavoured, in some way or other, to connect the position of the medical science of his time with the investigations of Harvey. And when we consider that the searching out of the secrets of nature by experiment has, for many years, formed the basis of all scientific progress, the association of Harvey with each advancement is as close as it must be perpetual.

This year Dr. RICHARD QUAIN was appointed by the President to fulfil the duties of Harveian Orator. He did so by delivering an address on *The History and Progress of Medicine*, which has more recently been published under the title of *The Healing Art in its Historic and Prophetic Aspects*.

Having referred to the duty of encouraging his fellows to search out the secrets of nature assigned by Harvey to the orator, Dr. Quain says "that there are two of these secrets, which, though not strictly of the kind to which our benefactor's words were intended to apply, are yet of sufficient interest and importance to justify me in asking your attention to them for a brief time to-day. The first of these secrets," he continues, "has reference to the past. Why is it that amongst a vast number of persons, alike in ancient and in modern times, medicine has not enjoyed that high estimate of its value as an art, and as a science, to which it is justly entitled? The other problem requires the exercise of the prophetic spirit; since I seek to ascertain whether we have any grounds for anticipating a more satisfactory future for our profession, either in the extension of our knowledge and the security of the foundations on which it rests, or in the consequent appreciation of it by the public." (pp. 5 and 6.)

In endeavouring to search out the secret of the scepticism and want of confidence with which medicine has been so often regarded, Dr. Quain dwells, first of all, on "the difficulties incident to the healing art." These are, he goes on to say, of two kinds—intrinsic and external. Intrinsic—those due to the inherent complexity and difficulties of the subject. "In its scientific aspect medicine possesses this peculiar difficulty and source of uncertainty; that the individuals or units with which we have to deal, not only differ from each other, but also vary constantly, each within itself. They are subject to endless influences from within and from without, mental or physical, inherited or acquired." (P. 6.)

Passing to the "external causes, which, by affecting the feelings and judgment of the masses, have frequently thrown doubt and discredit on our professional proceedings," he remarks that, "evidence of the existence of such doubts, both in the past and in the present, is to be found in the judgments of men of science, not excluding indeed members of our own profession; in the sarcasms of dramatists and satirists, and still more in the daily action and behaviour of many amongst the sick, who, by submitting themselves to the treatment and by accepting the nostrums of charlatans and quacks, in the same spirit in which they would have recourse to our own aid, manifest the like esteem in which they hold us all." (P. 7.)

Having made this general statement of fact, Dr. Quain illustrates and enforces it by quotations from Juvenal, Celsus, Hoffmann, Gregory and Majendie, the last of whom is said to have regarded the doctor as "often superfluous, sometimes mischievous, and occasionally fatal." Shakespeare, Molière and Voltaire are also cited as witnesses to the discredit which has been attached to the profession of medicine. "The late Dr. Arnold," says Dr. Quain, "wrote not so long ago: 'The philosophy of medicine, I imagine, is almost at zero; our practice is empirical, and seems hardly more than a course of guessing more or less happy.'" Sir William Hamilton's question—which ten years since formed the text of an address delivered by the late Dr. Warburton Begbie at the Edinburgh meeting of the British Medical Association (*Brit. Med. Journ.*, August, 1875)—"Has the *practice* of medicine made a single step since Hippocrates?" is justly described as "embodying the essence of adverse criticism." Nevertheless, Dr. Quain expresses the hope that he will be able to show how utterly unfounded the suggestion embodied in it really is. Dr. Warburton Begbie can scarcely be said to have succeeded in his attempt to prove its want of foundation, and the efforts of the medical press in the same direction, when commenting upon Dr. Begbie's address, were at least equally futile. It is proposed to examine here what measure of success has attended Dr. Quain in the same line of enquiry.

Before doing so, however, it may be appropriately noted here that Dr. Quain could also have referred to Dr. Matthews Duncan, Sir Andrew Clark, and the President of the Section of Medicine at the Belfast meeting of the British Medical Association, as being among the adverse critics of the



practical medicine of our own day. The first, in an address at the opening of the session 1876-77 of the Edinburgh Medical Society, described the mass of advice given out by professional men as "lamentably unscientific." (*Edin. Jl. of Med. Sci.*, 1877.) Sir Andrew Clark, when at Cork four or five years back, pointed to therapeutics as being "in a backward and unsatisfactory condition." (*Brit. Med. Jl.*, August, 1879.) While at Belfast, the President of the Section of Medicine—Dr. W. T. Smith—referred to it as "that department of medicine of which we know least." To have appealed to these and similar witnesses to supply evidence of the present position of medicine would perhaps have been coming a little too near home to be altogether pleasant, and might have interfered too seriously with that "sanguine spirit" in which the Harveian Orator subsequently admitted that he had addressed his audience.

Dr. Quain then traced that "tone of low esteem," in which he had shown that medicine has been and still is held to three causes.

"*First.*—The very course and progress of the science and art of medicine itself from the earliest times to the present day.

"*Secondly.*—The amazing credulity of the mass of mankind.

"*Thirdly.*—The obstinate and unreasoning incredulity of no inconsiderable minority." (P. 8.)

In endeavouring to sustain his first point, the orator, in "looking back on the history of our art," states that "in the hands of Hippocrates the art first assumed the form of a science, and was by him and his immediate successors pursued in a line of careful observation, influenced by, but not entirely subjugated to the prevailing philosophical speculations on the nature of things; how, further impeded at its origin, became for centuries the prey of rival systems which, based on *à priori* speculations, and founded on ignorance, were made to fit in with notions engendered by imperfect knowledge.

"The mere mention of some of these systems," he proceeds, "is sufficient to suggest the absurdities they propounded, and to justify the taunts and sneers of those who, even could they accept the doctrines set forth, were shaken in their faith when they witnessed rival sects strenuously contending each for its own infallibility." (pp. 8 and 9.)

During the revival of learning some effort, it is admitted, was made to substitute a scientific procedure for the prevalent superstitions. None the less, in Harvey's day, the whole work had to be begun anew. Subsequently, however, to the foundation of the College of Physicians, "The history of our profession presents a record of ever increasing additions to our knowledge acquired by careful observation and experience." If such has been the case, why, it may legitimately be asked, this "tone of low esteem" in which our profession has been, and, indeed, still is widely held? "Unfortunately, however," said Dr. Quain, "incidental to this progress, often inseparable from it, and always detrimental to it, there has continued a tendency to system making and speculating of the shallowest and most specious character. I am not concerned," he continues, "with the causes which occasioned the delusions hence arising, nor with the justification they might plead for their existence in times when superstition and credulity were rife; it is sufficient for my argument that they existed, and that they contributed, not without reason, to the low esteem in which the efforts of even the foremost of our profession were held." (p. 11.) The very nature of the enquiry Dr. Quain is attempting, seems, however, to suggest that he ought to feel himself concerned with the causes of the delusions he deplures. To ascertain the cause, whether of a disease or a delusion, is an important step in the endeavour to prevent the recurrence of either. Here it seems by no means improbable that he would find the cause of these delusions in the want of success which commonly followed the efforts of even the foremost of our profession to cure disease.

"The sources of the various superstitions which degraded our science, and which even still afford some ground for scepticism," are to be found, Dr. Quain thinks, in the inherent tendency of the human mind to accept the marvellous and supernatural and to court deception, and also in the influence of the imagination over certain functions of the body.

The amazing credulity of mankind, which Dr. Quain supposes has contributed to the low esteem in which the profession has been held, he illustrates by reference to the confidence which has, at one period or another, been placed in relics, talismans and amulets; astrology and alchemy; and the royal touch as therapeutic agencies.

The influence, which these and the following "myths" have had upon the healing art, has we are told been "most varied. But certainly," it is added, "they have played a large part in occasioning the low regard in which practitioners of medicine have been too often held by the public" (p. 15). Of the "myths" he had not as yet described, Dr. Quain says, "Scarcely more than a century ago, the medical world was divided by the conflicting schools of Cullen and Brown: the latter with his sthenic and asthenic diseases, and tonic and depressant treatment: the former, in hot hostility, advocating the hypothesis that disease was the result of opposite conditions of spasm and debility. Soon after this, appeared in France the doctrine of Broussais, who held that gastro-enteritis is the basis of pathology, and local depletion the proper remedy for fever. 'There is yet another system,' he adds, "which cannot be passed over without reference, namely, homœopathy, which teaches that disease consists of symptoms which are to be treated by remedial agents producing like symptoms, the potency of the medicaments increasing in proportion to their dilution" (pp. 14 and 15). The misfortune of this definition is that it is not a true one; it is indeed purely imaginary. So far is homœopathy from teaching that "disease consists of symptoms" that Hahnemann in the *Organon der Heilkunst* writes:—

"The unprejudiced observer, well aware of the nullity of transcendental speculations, which can receive no confirmation from experience, (perhaps Hahnemann had the theories—or as Dr. Quain styles them, the 'myths'—of Cullen and Brown in his thoughts when he penned this passage) 'let his powers of penetration be ever so great, takes note of nothing in every individual disease, except the changes in the health of the body and of the mind (*morbid phenomena, accidents, symptoms*) which can be perceived externally by means of the senses, that is to say, he notices only the deviations from the former healthy state of the now deceased individual which are felt by the patient himself, remarked by those around him, and observed by the physician. All these perceptible signs represent the disease in its whole extent, that is, together they form the true and only conceivable portrait of disease."—(Dudgeon's translation § vi. p. iii.)

A thing or a condition cannot be said to *consist* in the phenomena which "represent" it, as Hahnemann clearly stated seventy-five years ago, that symptoms and signs do disease.

By no other means, than by a careful study of the symptoms and signs exhibited by a person in ill-health, can the disease producing them be diagnosed, or its prognosis be propounded; neither are there any other means by which a drug-remedy for it—when such is required—can be ascertained. On the other hand, for the prevention of a disease, in giving instructions for the dieting, clothing and general hygienic management of a patient, a knowledge of the pathological process, or disease represented by the symptoms and signs, directs the physician. In the selection of the remedy all speculation of the kind is in a large measure comparatively useless. Hence we find, that it is in the prevention of the causes of disease and in general hygienic, that therapeutic progress has alone been made by the followers of empirical medicine; hence it is, that we find, that by those who have based their prescriptions upon pathological speculation, no progress whatever has been made in the cure of disease.

It is worthy of note that Dr. Quain, after referring to the systems of Cullen, of Brown, and of Broussais, alludes to homœopathy as “another system which cannot be passed over without reference.” One would suppose, from the supercilious tone in which this reference is made, that homœopathy was as extinct as are the methods of Cullen, Brown, and Broussais! The fact is that, whereas the doctrines of these three eminent pathologists of the past have not a single supporter in the profession at this hour, the teaching of Hahnemann inspires the daily practice of thousands of physicians! Whereas all traces of the influence of Cullen, Brown, and Broussais have disappeared from therapeutics, that of Hahnemann pervades every modern text-book of *Materia Medica* possessing any practical value. Remove all the therapeutic facts based upon and first made known through homœopathy from Dr. Ringer's *Handbook of Therapeutics*—a work which has passed through ten editions since 1869—and the volume would be of little service to the practitioner. Cut all the teaching derived from homœopathy out of the last hundred pages—the *Index of Diseases and Remedies*—of Dr. Lauder Brunton's recently published *Pharmacology, Materia Medica and Therapeutics*, and the remainder would scarcely occupy thirty pages!

Dr. Quain now dilates at length on the progress that medicine has made during the last fifty years, for the

purpose, it must be presumed, of showing that the "incredulity of no inconsiderable minority" is "obstinate and unreasoning." Eloquently and accurately he describes the great advances that have been made in anatomy and histology, in physiology, in pathology, and in etiology. He illustrates the brilliant results our more perfect etiological knowledge has enabled us to achieve by showing how the cattle plague was stayed through killing the animals suffering from it—not, be it observed, by curing them! The inadequacy of medicine to cure the disease was confessed, and the pole-axe summoned to prevent the disorder spreading. Surely such a method of treatment is hardly calculated to remove the incredulity of "no inconsiderable minority" of mankind. It is curing disease, not slaughtering the sufferers from it, that can alone extinguish the therapeutic scepticism of the expert or the incredulity of the multitude.

The methods adopted at the suggestion of scientific students of disease to prevent cholera gaining a foothold in our country are indeed sources of congratulation, and fair evidence of the progress of pathology. It is, however, the cure of cholera, when it does break out, to a much greater extent than occurred during previous epidemics, that is required to produce confidence in medicine.

So too, that vaccination is a preventative of small-pox is a fact for which all ought to be grateful to those who first brought it to light, and have since placed it within reach of all members of the community, but it does not bear upon the question of therapeutics as applied to actually existing disease at all.

The work of the Pathological Society, the extensive additions to our knowledge of morbid anatomy, of morbid processes, and of parasitic pathology, the advances due to experimental pathology, and the improvements, by which the art of diagnosis has been rendered more accurate, are adduced to show that medical science has progressed, and is progressing. True it is that the sciences upon which the art of medicine, in its pathological aspects, rests, have, during the last half century, made rapid strides towards perfection; and great have been the advantages derived from their having done so. But it is not by reason of any defect in them that the mass of advice given out by medical men is regarded by one eminent physician as "lamentably unscientific;" it is not on the score of their imperfections

that, amongst a vast number of persons in modern times, including—as Dr. Quain admits—“men of science,” “some members of our own profession,” and the very sick themselves, medicine has not enjoyed that high estimate of its value as a science and an art to which the orator conceives that it is justly entitled, but because as Dr. W. T. Smith said, at Belfast, the medicinal treatment of disease is “that department of medicine of which we know least.”

The general public, whether men of science or of business, whether friends of patients, or patients themselves, judge by results. The practice of medicine, like everything else, is known by its fruits; and when, after an elaborate investigation has been made into the health of the various organs of the body by means of the stethoscope, the thermometer, the sphygmograph, and the test tube, and when the nature of the cause of the patient's sufferings has been clearly explained, a simple congestion or inflammation of one or other of the viscera of the thorax or abdomen in a previously healthy person is, notwithstanding a long series of prescriptions of more or less complex mixtures and pills, seen to extend over weeks and months, public incredulity as to the curative power of medicine cannot fairly be described as “obstinate,” and when physicians visiting patients suffering from such disorders, day after day, witness the advance of disease, in spite of all their therapeutic efforts to check its course, professional incredulity as to the value of drug medication cannot justly be regarded as “unreasoning.”

As a matter of fact, protracted or fatal illnesses from such causes, in previously healthy persons, are practically unknown to the physician who prescribes homœopathically; and, as a knowledge of homœopathy is within the reach of all practitioners of medicine, there is no reason why cases of the kind should not recover more quickly and completely than they generally do.

It is, then, the want of success which so frequently attends the efforts of the empirical school of physicians to cure disease, due to these efforts being made in a wrong direction, that the general public, and the more closely observant of medical men, have become sceptical of the reality of the value of medicine as an art. This fact must be fully recognised, and the prevalent methods of treatment entirely

changed, ere the profession can obtain from the public that confidence to which they feel themselves to be entitled.

“But,” continues Dr. Quain, “during the last 50 years medicinal treatment has advanced in two directions.” Here, however, he admits that he expects “to meet with a certain amount of scepticism,” and then he adds, “but this scepticism is not reasonable.” (p. 27.)

These two directions are, he tells us, “the introduction of [many new drugs of great importance,” and “the conversion into rational remedies of a large number of substances, which were previously employed in a purely empirical manner.” An indifferent mechanic is said to be ever complaining of his tools. It is not the medicines that are in fault, many long-discarded drugs—*veratrum album* to wit—have proved invaluable remedies. “We want to learn,” said the late Sir Thomas Watson at the Clinical Society, “distinctly and clearly what the action of drugs is.” It is to the therapeutic inadequacy of the knowledge of the action of drugs possessed by the profession, it is to the mode of using them, to the principle which underlies their selection in the first place, to the large quantities in which, owing to the nature of this principle, they are necessarily prescribed in the second, and to the complex manner in which they are administered in the third, that this lack of efficiency is owing.

Dr. Quain contends that therapeutics have advanced in a positive direction, and he illustrates this contention by referring, in the first place, to the introduction of anæsthetics. A great gain this introduction was to surgery, a boon for which both operator and patient can never be sufficiently thankful, one which has greatly diminished the most appalling of all forms of death—death on the operating table; one which has still further lessened mortality in surgical practice by reducing to a *minimum* that which arises from shock after an operation. On the other hand when alleging the discovery and use of anæsthetics, as indicating therapeutic progress in medicine, Dr. Quain is to some considerable extent, travelling, as the lawyers say, out of his record. As a remedy in disease, anæsthesia has no place. As a palliative, but only as a palliative, is it sometimes of service in helping a physician over a temporary difficulty; as a curative agency it is of little, if any, account.

As another illustration of therapeutic progress, Dr. Quain invited his hearers to contemplate "the proper use of the bromides;" the knowledge of which is, he writes, "comparatively new." It is, however, very doubtful whether the "proper use" of these salts has even yet been made clear. They have been employed in well nigh every form of disease, and in combination with nearly every drug in common use. "What," asked Dr. Matthews Duncan at the Edinburgh Medical Society, in 1875, "What is the value of our beloved bromide at present used for all diseases?" Writing in *The British Medical Journal* (Nov. 6, 1876), Dr. Cole, of Bath, says, regarding the bromide of potassium, "In what diseases is it not used, and with what signal success too according to its advocates? Some time ago, I collected notes on this drug, and was astonished to find what a panacea it was. I almost felt we had found something as valuable as potable gold, but I discovered that its many virtues were denied by very competent persons, and my heart melted within me, and the golden dream vanished."

Again, the employment of antiseptics constitutes a therapeutic innovation, which Dr. Quain regards as indicative of therapeutic progress. Their adoption in surgery has, within very recent times, been held to be of the greatest advantage in saving life. Now, however, many surgeons of large experience (and their number is increasing) trace the good hitherto attributed to them to the greater cleanliness their use necessitates, rather than to any special advantage supposed to be possessed by them, while the depressing influence, which the constant exposure of the patient to the vapour of carbolic acid involves, is looked upon as a serious obstacle in the way of his recovery. In cases which come more legitimately within the province of the physician, the endeavour to destroy hypothetical bacteria by the internal administration of antiseptics has yet to be proved to be a curative measure. Indeed, it is an open question whether such drugs are not as likely to be homicidal as parasitocidal! For example, *The Lancet* of the 28th of last February quotes a paper by Dr. Fraenkel in a paragraph entitled, "Alleged Dangers in the use of Corrosive Sublimate as an Antiseptic Agent," in which the author shows that *post mortem* examination of fourteen persons, who had died after the employment of a solution of 1 to 1,500 of



corrosive sublimate, displayed a large proportion of the characteristic lesions produced by poisoning with this drug! There is no apparent need for qualifying the dangers incident to antiseptics of this kind by the word "alleged."

Further, "Antipyretics," Dr. Quain continues, "are being employed in treatment to an extent of which the last generation could not have dreamed, and with results of the greatest advantage." One substance may well be described in this manner, it is *aconite*, and for the knowledge of how, when and where to use it the fellows of the College of Physicians are indebted to Hahnemann, and to that system which, Dr. Quain feels, "cannot be passed over," by him, "without reference, namely, homœopathy."

Lastly.—"The introduction of the salicyl compounds in the treatment of rheumatism is," we are next told, "still a comparatively recent event." It is not desirable, therefore, to be too laudatory respecting its results. Physicians, in their advocacy of the supposed advantages of the salicyl compounds, are at present in the hot stage of the therapeutic fever, into which, on the introduction of any new drug, the devotee of empirical medicine inevitably falls. The cold stage will come presently, for the stages of this type of fever are precisely the reverse of those characteristic of ague!

These constitute the entire sum of the illustrations of therapeutic progress in these latter days, which Dr. Quain is able to present to his fellows at the College! And, misleading instances of any progress as they are, they yet represent all that one of the most widely read and large experienced of metropolitan physicians can adduce, and lead him, with an exemplary degree of thankfulness for small mercies, to exclaim—"With such instances before us, how unjust to say, with some, that medicinal therapeutics remain stationary!" (P. 28.)

The future prospects of medicine are said by Dr. Quain to lie in "clinical observation and pharmacological research." (P. 28.) Of the importance of these two directions of study, much has been heard of late, and every physician hopes to hear a great deal more in the future. Pharmacological research is, as Hahnemann pointed out nearly a century ago, simply essential to medicine, a *sine qua non* of all knowledge of drug action. Carried out, however, on the lower animals merely, as Dr. Quain urges

that it should be, it will prove futile. Such a method of research must be subsidiary and supplemental to experiments upon human beings. The value to practical therapeutics of watching the progress of the disorders to which drugs will give rise in the lower animals, and of ascertaining, *post mortem*, the ultimate effects they produce, is beyond dispute. But at the same time, the importance of knowledge of this kind is quite secondary to that obtained from experiments made with drugs upon human beings.

But when the desired pharmacological facts, whether derived from experiments upon man or brute, have been accumulated, how will they, how can they be utilised in the treatment of disease? There can be but one mode of procedure, and that is, as Dr. Bristowe (*Brit. Med. Journ.*, August, 1881) expressed it, by admitting the homeopathic relation between drugs and diseases.

Unite the phenomena arising from pharmacological experiments to the phenomena presented by disease, by the law of *similars*, and then see what clinical observation will bear witness to. Clinical observation, so obtained, will prove again what such clinical observation has already proved many millions of times in every quarter of the globe—that such a therapeutics as this will shorten the duration of illness, will materially diminish mortality, and will consequently ensure to medicine “that high estimate of its value to which,” the great and noble end of its practice, and the self-sacrificing zeal and devotion of its practitioners, “justly entitle it;” but, nevertheless, an estimate, which its manifold imperfections, its unscientific character, the vague, ignorant and rash manner in which, as Sir Thomas Watson said at the Clinical Society sixteen or seventeen years ago, drugs are often prescribed, and the unseemly variation and instability of physicians, have hitherto prevented it from obtaining.

These, and not the credulity of the mass of mankind or the incredulity of a not inconsiderable minority, are the causes of the low estimate in which medicine is held by many intelligent, well-informed and observant men and women among the general public, and, also, in the profession.

To place his argument as it were beyond dispute, Dr. Quain appeals to the decline of the death rate during the last four years as evidence of the progress of medicine. But as *The Saturday Review*, (October 24,) said “it would

be curious to know how far it is brought about by sanitary science, and how far by the alleviation of disease. This division" the writer somewhat cynically continues, "might be possible, but Dr. Quain did not press it. He confined his attention to, and gathered his examples chiefly from cases in which the diminished mortality has followed hygienic precautions. . . . His best arguments only went to prove that prevention is better, and it seems, from his statistics, better understood, than cure."

Just so. And as it is cure that sick mankind require, and expect from medicine, as it is cure that the physician is asked to provide, and is supposed by the very nature of his calling to be able to provide, and as it is cure that his prescriptions, only too obviously, do so little towards obtaining, the estimate in which medicine is held has come to be but a low one.

At the same time. Dr. Quain is perfectly justified in declaring that medicine has a great future before it. Unquestionably it has. Faith in this future may well be entertained, when works on *Materia Medica* such as those of Ringer, Bartholow, Charles Phillips, and Brunton are so enthusiastically received by the profession as they have been; works which owe the chief part of their value to their authors having tested and adopted very much of the therapeutic knowledge which has resulted from the practice of homœopathy. Ignorant as the great mass of the profession now are of what homœopathy is; assiduously as it is misrepresented in season and out of season by the medical press; carefully as the word "homœopathy" is kept out of sight; studiously as all allusion to the therapeutic principle which led to a knowledge of the facts they state is avoided by the authors just referred to; misleading and ingenious as are the explanations given of the action of obviously homœopathic remedies: when such explanations are insisted on—it is impossible in the very nature of things that intelligent medical men can go on prescribing commonly used drugs in conditions the very opposite of those in which they had been taught to prescribe them, and in doses they have been instructed to regard as inert—such as drop doses of *ipêcacuanha* in vomiting; or substances they never supposed were remedies for anything, such as *Thuja* in condylomata, without enquiring how such uses of new drugs came to be discovered. When once the enquiry is made, when once investigation has

shown the source of the inspirations wherewith Ringer and Brunton have aroused hope in the breast of the earnest, but, after a long series of disappointments, therapeutically sceptical physician, then will appear the use which can be made of pharmacological research, then will the *Organon der Heilkunst* be turned to in order to learn how such research should be conducted, then will the great principle which underlies all really curative drug selection shine forth in all its beauty and simplicity, then will clinical observation be found to confirm all that the much misunderstood, much misrepresented, and consequently much derided homœopathic physician has, throughout this nineteenth century, been urging upon his professional brethren, and then will it be felt by sceptical patients and sceptical practitioners, that the profession of medicine is "far in advance of the other learned professions." But not until then.

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## ON THE STATE OF HOMŒOPATHY IN BELGIUM.

BY DR. LAMBRECHT, JUNR.

As in August next the Quinquennial International Homœopathic Convention will be held in Brussels, I think that it will be interesting to the readers of the *Review* to have some details of the state of homœopathy in Belgium placed before them.

Let me say, at once, that in spite of the opposition and animosity of the medical authorities, in spite of the want of dispensaries and hospitals where practitioners and students could be initiated in the first principles of our method and assure themselves of the efficacy of our therapeutics, homœopathy continues to make considerable progress, and a great number of converts to it are made both among physicians and patients. Further, if from this point of view we look at other countries, even those in our immediate neighbourhood, such as Holland or Switzerland, we see that Belgium far surpasses them in the number of physicians practising homœopathy, as well as in the works and discoveries by which they enrich our new doctrine.

Belgium numbers seventy physicians, who have openly declared their faith in homœopathy. But besides these, we have also a great number of practitioners who, while not adhering exclusively or avowedly belonging to the new

school, nevertheless, in their daily practice follow the law of *similars*, and only await a somewhat longer and more decisive experience before throwing in their lot with us.

Each large town possesses its contingent of homœopathic physicians, and even in the most secluded villages has its thoroughly convinced partisans and warm admirers. What difficulties has not the country practitioner of homœopathy had to overcome in forming a *clientèle*! The countryman believes himself to have been badly treated by his doctor if he has not been supplied with a mixture deeply coloured, and tasting and smelling abominably, or if he is not martyred by venesection, leeches, blisters and gripes! And here comes a new man who declares that all these pretended energetic remedies are useless rather than useful, and appears to give, as medicine, nothing but a bottle of clear water! This strikes against all the profoundly engrained prejudices of our country people, and if homœopathy has been able to surmount them, it has done so through the admirable recoveries from illness by the power of the infinitesimal doses.

But the progress of homœopathy here is proved in a very evident and indeed incontestable manner by the ever increasing number of pharmaceutical chemists who now prepare and dispense our medicines. Only twenty years ago it was difficult to find either in Brussels or Antwerp a pharmacy where a patient could procure our remedies with any degree of confidence; while now, when walking through the principal streets of the Belgian towns, one sees this notice in the windows of the majority of the chemists' shops, "Préparations Homœopathiques." It is perfectly certain that it is no sympathy with our doctrine on the part of the apothecaries that induces them to keep our medicines for sale, for it is a well-established fact that the chief opposition to us has always come from them, and that they have largely contributed to the public calumnies and ridicule which have been heaped upon our school. Neither is it with the prospect of being able to realise any great pecuniary advantage, for the cost of our remedies is but small. But homœopathy is making fresh conquests every day; a large proportion of their ordinary customers have adopted the new method, and they have in some degree been compelled to supply them with the new medicines, or submit to losing their custom for ever!

Thanks to the activity of the leaders of the new school,

two homœopathic societies have been successfully formed, each numbering about 80 members. The Central Association of Belgian Homœopaths has its head-quarters in Brussels, and the Flanders Homœopathic Club meet in Ghent.

At present homœopathy has only one organ of public opinion in Belgium, *The Belgian Homœopathic Review*, edited by our learned colleague, Dr. Martiny, with the help of various contributors.

Homœopathy being proscribed at the hospitals, in order that the poorer classes should not be deprived of the advantages of our method, homœopathic physicians have established, particularly in Brussels and Antwerp, many dispensaries where the poor can obtain all necessary help.

It appears that since the famous Crocq incident—when M. le Crocq attacked us violently among the public and in the press—a kind of truce has subsisted between the Belgian allopaths and homœopaths. Our adversaries have found, naturally enough, that too much noise, and too much opposition draws attention to matters homœopathic; and a conspiracy of silence has been organised, through which they hope to destroy us slowly but surely!

On the other hand, the adherents of the new school neglect no opportunity of asserting their rights and protesting against the ostracism which is meted out to the doctrines of Hahnemann. This is more or less constantly in progress. At a public meeting of the Municipal Council of Brussels a member strongly urged the establishment of a homœopathic clinique in one of the hospitals of the capital. We hope that this time our just claims will have more serious attention, and that, ere long, by earnest work and steady perseverance, we shall see homœopathy take a definite position in the arrangements of official medicine in Belgium.

Antwerp, February 8, 1886.

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## LECTURE ON HOMŒOPATHY.

By C. WESSELHOEFT, M.D.,

Professor of Pathology and Therapeutics in the University of Boston.

(Continued from page 98.)

### 10. In what way is morphia used?

*Morphia* and *opium* are used by homœopaths precisely as any other medicinal substance is used by them; that is,

they apply its effects as known to them by provings, and cases of poisoning, to groups of symptoms resembling the symptoms of opium. Sleeplessness may thus be relieved by it, as well as soporific sleep; certain forms of epileptic convulsions, as well as conditions of torpor, especially those of the intestinal nerve-plexuses resulting in habitual or temporary constipation.

Notable instances of this kind are not wanting. The symptomatic conditions determining the use of *opium* can easily be "read up" in any handbook.

This is a direct answer to the question; but as it may imply the question, "Do homœopathists ever use *opium* according to other principles and for other purposes?" it is but fair to say that they do exceptionally.

A physician, although recognising the principles and rules of homœopathy, may find it right and proper, though rarely, to prescribe a larger dose of morphia for the sake of allaying pain, or of producing sleep. But, while he has a perfectly indisputable right to do so as a physician, he *should not* and *will not* avow that he is then acting homœopathically; precisely as a physician, using as his chief guide allœopathic principles, should not and will not avow that he is acting entirely allœopathically when he allays certain forms of intestinal cararrh by small doses of *rhubarb*, *castor-oil*, or *chamomile*, or constipation by *nux vomica* (see RINGER'S *Text-Book*).

This virtually disposes of the next question propounded to me:—

11. *Are not many powerful drugs used in as large doses as by the followers of other schools?*

As a rule, homœopathists employ much smaller doses than the traditional ones of allœopathy. The very energetic substances, like *phosphorus*, *arsenic*, *atropia*, *morphia*, *strychnia*, etc., are used most commonly, and by a majority, in what is called the first, second, third, etc., attenuation. Some homœopathists use these substances in doses of the common pharmacopœia. Although homœopathy teaches the use of minute doses, it does not so much insist on the minute dose, *as the highly diluted or expanded dose*, because it has found to its satisfaction how to make a very little medicine go a great way.

There are some homœopathists and some allœopathists who have done much to confuse young men's minds by assuming an attitude as if the distinction between the

schools rested exclusively on the dose. This is a great error. The doses used by physicians never did, and cannot, alone serve as an index of the principles underlying their method of using medicines. These can better be determined by the effects intended or actually obtained by any dose. For example: a quarter of a grain of *morphia* may release a patient from soporific sleep; this would be homœopathic action. The twenty-thousandth part of a grain of *strychnia* may cause the leg of a frog to jerk; this is a simple toxic effect of a very minute dose. This instance illustrates my meaning,—that the dose does not determine the “pathy,” and that one may be a homœopathist who uses comparatively large doses, while another may be an allœopathist, or “regular” physician, if you please, although he uses comparatively very minute doses.

As your questions are arranged, this leads me to the next, which asks:—

12. *How is it possible to get any other than a mental effect from the administration of a ten-thousandth of a grain of a drug? Is there any analogy in chemistry or physiology?*

It is certainly possible to get something besides a mental effect from a ten-thousandth of a grain of a drug, especially if you require chemical and physiological analogies. You may not be told *how* it is possible, but simply *that it is*; nor may you always get only mental effects, as you seem to anticipate.

The simple fact that transcendently minute portions of matter may have and do have very plainly perceptible effects, is demonstrable by numerous instances.

The ten-thousandth part of a grain of *strychnia* is very plainly perceptible to the taste. The thirty-thousandth is, according to Taylor (*Med. Jurispr.*)

We do not positively know on what the contagiousness of variola depends. We all believe that infectiousness is a condition without which the disease is not propagated; and persons contract the disease without coming in contact. They may be far apart. Whatever brings it about must be at least as minute as the tubercle-bacillus, or its germ-spore. These are as minute, by actual measurement, as the minutest particles to which, e.g., a metal can be reduced by any mechanical means. A grain of gold, e.g., is reducible to about forty-six thousand million particles. Each of these can be seen, and measured to be two-



thousandth of a millimetre in diameter; hence a germ-spore of this size will weigh no more, but probably *less*, than a forty-six-thousand-millionth of a grain. You only asked for a ten-thousandth part of a grain.

It is not intended to assert that a single particle of gold could have an effect like an organic germ-spore of the same size. But many such particles may have such an effect by judicious repetition. A drop of water falling on a granite rock produces no perceptible effect. Many millions of single drops excavate the rock. Hence the effect of one drop is a calculable fractional part of what has been effected by vast numbers of drops.

A better illustration is afforded by the now well known result of careful research, showing that *mercuric chloride* in aqueous solution, in the proportion of 1 to 10,000, is a reliable agent for the destruction of micrococci and bacilli in active growth, not containing spores; these, however, are surely destroyed by it in the proportion of 1 to 1,000, which would be exactly equal to the third decimal dilution as commonly used by us. This is well known and undisputed, and none can doubt that if the ten-thousandth part of a grain of *mercuric chloride* can kill the very indestructible and infectious germ-spores of bacteria, it will also produce effects upon healthy individuals as well as prove curative in disease, (dysentery, ophthalmia, vesical catarrh, &c.) Furthermore, it cannot be doubted, that hundreds of other active substances in equally small doses will act in the same manner.

For further familiar illustrations, allow me to refer you to a collection of *data* contained in Hirschel's *Text-book of Homœopathy*.

Your question as to mental effects resulting from the testing of too minute doses deserves no evasive answer. There are numerous instances offered by chemistry and physiology in which, as I have stated, other than mere mental effects are produced by even less than a ten-thousandth part of a grain of any substance. But homœopathsists, far from denying the possibility of recording mere mental or emotional effects while testing drugs, are using their best endeavours to prevent this source of error, by accurate and guarded methods of experiments and by devising new and more reliable means of experimentation.

If you will call to mind that our experimental tests are

not carried on with animals, but much oftener with the human subject, you will readily comprehend that the testing of drugs is no mere pastime, but connected with some apprehension of danger, if not danger itself.

Having had considerable personal experience in drug testing or proving, I am in a position to assert that there is not one among my hearers who would consume a little bottle of innocent-looking pellets, and then avow that the sensations which follow were only imaginary, although they might be. We are perfectly aware of this possibility, and therefore know how to avoid it.

It is not in the nature of the system of homœopathy to give rise to errors, but these arise simply from faults which are common to us all. The methods of experimentation among homœopaths are no more liable to result in error than those of chemistry or physiology.

Far from taking too little of a substance to be tested, the courage and perseverance of our provers challenge our admiration. Let those of you who do not shrink from crucial tests try one-fiftieth or one-hundredth grain doses of nitro-glycerine, or one-third grain doses of Merck's curare, repeated at short intervals, and they will soon learn how we go to work to distinguish mere mental from real effects.

I have nothing to say in defence of those who persistently ignore the limits of the presence of medicinal matter, and who give rise to endless disputes by their tendency to mysticism.

To obtain detailed information on this subject, I trust that your sense of loyalty to the school of your choice will not deter you from reading the transactions of our state and national societies, as well as our periodical literature. This, to say the least, will afford you as many valuable suggestions as the never neglected, careful perusal and close study of the literature of your school yields us.

### *13. A few books which clearly set forth the subject.*

Homœopathy is a system of practice which admits of being stated and defined in all its essential features in a comparatively short treatise. We need another; and its publication only depends on some one who will furnish it.

As you are aware, this system or method of practice, in the course of its yet uncompleted development, has given rise to various sects or parties; hence one explanatory:

text-book would not suffice to represent the whole historical case. The following are commendable:—

Hahnemann, *The Organon of the Art of Healing* (Philadelphia: F. E. Boericke); also Rau, *Organon* (Leipzig: Ludwig Shumann, 1838); Dr. A. V. Grauvogl, *Text-Book of Homœopathy* (Nuremberg: Friedr. Korn, 1866); Dr. B. Hirschel, *Text-Book of Homœopathy, or a Guide to its Study and Practice* (Leipzig: Edw. Haynel, 1854); Dr. R. E. Dudgeon, *Lectures, and Theory and Practice of Homœopathy* (Manchester: H. Turner; London: Aylott and Co., 1854); Dr. Richard Hughes, *The Knowledge of the Physician* (Otis Clapp & Son, 1884).

We have now arrived at the last, but not the least, of the questions of your secretary's list:—

14. Upon what grounds would you advise a young graduate to practise in accordance with homœopathic principles?

Do not expect of me a sensational recital, embellished by rhetorical extravagances. As I have striven, in what I have said, to make simple and explicit statements, my reasons for the grounds for the practice of homœopathy shall be equally simple and as concise as I am able to state them. Indeed, the reasons I can offer you will be but a repetition of the principal arguments embodied in previous statements.

Excluding surgery and all surgical specialities, let it be remembered that homœopathy applies exclusively to the internal use of medicines.

It cannot fail to commend itself to your judgment, that the *absolute safety of the patient under the use of drugs as medicines* should be a condition without which we are liable to fall into grave errors. Now, if homœopathy includes such a safeguard among its foremost postulates, this should raise it above other modes of practice, which, while they do not disregard, do not lay as much stress upon it as homœopathy, which actually elevates and develops this postulate with a system of practical rules. These rules are not difficult to comprehend, and are so easy in their actual application, that they render the entire practice of homœopathy safe even in the hands of beginners.

The safety and welfare of the sick are assured by a system which intends and strictly aims to arrive at, not only positive, but practically applicable and reliable, data concerning

the actions and effects of drugs. In principle this is certainly acceptable.

Hence homœopathy seeks for and provides precautions for rendering unavoidable errors harmless in practice, as you will see.

I have endeavoured to explain to you how homœopathy seeks also for positive *data* regarding disease, by accepting for bedside practice only what we can clearly and unmistakably perceive; for instance, a cough occurring chiefly before midnight, with glairy, viscid expectoration, and burning pain in the trachea. Homœopathy regards these *data*, but does not attempt to prescribe for the *conjectural* reasons for the glairy expectoration and the hour of aggravation. It seeks for a remedy which in its proved effects resembles those of the disease, and readily finds it. The choice between many competing remedies is not easy, but here skill and experience come into play,

You will say, "But now, if your symptoms of disease are doubtful, uncertain and vague, and your provings also, what guards you against errors in common with our method of prescribing?"

I answer that your question is fair. Errors in prescribing are unavoidable in any school, and this you will justly regard a point of extreme importance and significance. Whoever claims to be able to prescribe the right medicine, simple or compound, at first or second sight, with precision, in a case of disease, is in error. We must be conscious of this always, without knowing how often we err. But the means of controlling error are afforded by homœopathic practice; they are found in the use of *simple remedies, in small but expanded doses.*

As for the rule of similars itself, I must define and express it as epigrammatically as I can. Much of its explanation lies in the definition of a medicine. The shortest definition you or I can make of it is, that a medicine is a substance which, if consumed by a well person, will make that well person ill. Now, if medicines ever cure diseases, they must do so by that same pathogenic force which each medicine possesses. Medicines cause morbid conditions; medicines cure morbid conditions. This is homœopathy in a nutshell.

Instead of compounding several drugs in one recipe, homœopathy prefers one at a time, because it takes into consideration the uncertainties of knowledge concerning

one, and the multiplication of errors by compounding several drags. Thus it avoids the unsafe increase of uncertain factors by reducing uncertainty to its smallest measure.

It does not cease here in applying rules of precaution; for homœopathy does not only plead for single remedies, but lays great stress on the use of the least amount of medicine that will cure. It considers it unsafe, and hence unpractical, to push the dose to the extreme of toleration, getting, then, mostly pathogenic, but no curative effects.

When a homœopath sees medicinal effects, like sopor following *opium*, salivation after *mercury*, despondency and erythema after *bromides*, he considers that the disease he is treating has been augmented, and he prefers not to run such risks. The original case is enough for him; he does not desire to complicate it for the sake of a temporary advantage.

Hence, besides employing simple single medicines, he reduces their volume by the easiest method possible. That every one can learn this method of pharmacy in a little while, far from being a weakness, is a great advantage of the system.

You will not raise any very serious objection to these principles dictated by a spirit no less humanitarian than it is practical; that is, facility of application.

It would encroach too much on your patience if I should describe in detail the methods and results of dilution, trituration, and attenuation. Let it suffice for our present purpose, that homœopaths are unanimous in advising smaller doses than any other school, and that they agree, also, that reasonable dilution or expansion more than counterbalances loss of medicinal substance.

But, you will say, do your results plead for the efficacy of your system of simples, and attenuated doses applied under the formula of similars? In answer to this question, I point to such statistical evidence as we possess; not to the bold figures mentioned before, but to a closer study of their details.

Even if you should put the most cautious construction upon those statistics and hospital reports, and if you should conclude that the much lower percentage of mortality under homœopathic treatment, as compared with that of the older school, were due only to expectancy, and to the absence of medicine in homœopathic preparations, you will find your-

selves confronted with the fact that *very few deaths occurred under homœopathic treatment, as compared with the results of allopathic medication.*

Now, whether homœopathic preparations contain medicine or not, it must be urged that, even if homœopathy has nothing in its favour besides a very low mortality list, this would serve you as a sufficient argument in its favour.

We cannot cure all, but we dare injure none.

I must stop somewhere, and hope that I may at least have offered you some points worthy of your impartial consideration. Let me thank you most sincerely for the kind and close attention with which you have honoured my remarks, which, I am sure, you have received in the friendly spirit in which they are offered.

## REVIEWS.

*La Circulation et le Puls, Histoire, Physiologie, Séméiotique, Indications thérapeutiques.* Par CH. OZANAM, M.D. Paris: Baillière et Fils. 1886.

THIS book, of 1,070 pages, is a monument of industry and research, and does great credit to the author and the homœopathic school of medicine in Paris, of which he is a distinguished member. As the old writers, on the history of whatever country, used always to begin their veracious histories with an account of the creation of the world, so Dr. Ozanam must likewise commence his description of the pulse and circulation with Æsculapius himself. Whether the god of medicine knew much about the matter is not very obvious, but certain it is that his immediate successors began to bleed their patients, and the practice was carried on ever after, until the teachings of Hahnemann put it out of fashion. But we need not follow the learned author through all the ages of historical medicine, but content ourselves with saying that he conscientiously mentions every authority upon the subject of the pulse of whom we have any record. Although Herophilus, who belonged to the medical profession, was the first to make pulse-feeling a means of diagnosis, it is humiliating to know that it was an astronomer, Kepler, and not a doctor, who first proposed to measure the pulse by time. The doctor's watch has always formed such a necessary adjunct to his scientific pulse-feeling, that it is well we should know to whom we are indebted for the idea. Dr. Ozanam gives an interesting account of the Chinese doctrine and practice of pulse-feeling, which our Celestial friends carry to such a degree of minuteness as puts their Terrestrial fellow-creatures to shame.

He thinks it very probable that Galen, who wrote seven books on the pulse, and describes 81 different kinds of pulse, derived his knowledge of sphygmology in part from the Chinese, through the Persians. As later physicians could not acquire the tact of Galen in distinguishing the different kinds of pulse, they for the most part affected to despise its indications, and this neglect of the pulse as a means of diagnosis and prognosis extended over many centuries. The same minuteness of observation in the matter of the pulse was not repeated until Santorio, in the end of the 16th century, described 78 different kinds of pulse, which he detected by means of an instrument which he calls *pulsiloge*, the forerunner of the sphygmograph, which unfortunately he omits to describe.

Dr. Ozanam describes all, or nearly all, the sphygmographs that have been invented, and gives woodcuts of them. Among the rest he figures and describes our colleague Dr. Dudgeon's pocket sphygmograph. But he does this at second hand, from the description that was given of it by Dr. Schliep in the *Berlin. Klin. Wochensch.* He makes the ludicrous mistake of saying that it is rather heavy in spite of being so small—it weighs 4 ounces!—and has such a narrow base that it is easily displaced, which any one who has used it knows to be erroneous.

Of course Dr. Ozanam has invented a sphygmograph which, equally of course, is perfect in the eyes of its inventor. The engraving of it represents rather a clumsy looking apparatus, which stands on a table, while the operator takes the movements of the pulse by means of an india-rubber tube filled with mercury, closed at one end with a thin layer of india-rubber. The rubber tube joins on to a glass tube, in which the mercury rises and falls with the movements communicated to the column of mercury by the pulse. A long index floating on the top of the mercury, bearing a kind of pen, made of a layer of elder-pith stuck on to a triangular piece of steel, that absorbs a drop of aniline ink, and is kept close to a paper ribbon by means of a magnet on the other side of the ribbon, on which it records the movements of the mercurial column. In addition to its unwieldiness, this instrument has the obvious disadvantages of not registering the force of the arterial movements, and of being constantly liable to get out of order from escape of the mercury, from dilatation and contraction of the long india-rubber tubes by variations of temperature, and from other causes mentioned by Dr. Ozanam himself. These would be secondary considerations, supposing the instrument gave clearer and more correct tracings than other instruments; but we do not find this to be the case. On the contrary, the tracings given by Dr. Ozanam's instruments are greatly inferior in these respects to those made by Dr. Dudgeon's. Dr. Ozanam has also

invented a photographic sphygmograph, in which a sensitized paper, passing before a slit, records the movements of the mercury in the glass tube. We do not suppose this will ever be much employed, and it strikes us as being decidedly inferior to the photographic sphygmograph of Dr. T. Stein, with which we are acquainted. Dr. Ozanam's sphygmographs are in principle a reversion to the kymograph of Ludwig. The index floating on the column of mercury common to both cannot be compared as to the delicacy and accuracy of the tracings it gives of the movements of the artery with either the lever of Marey's or the spring of Dudgeon's sphygmograph, and it has this great disadvantage also, that it is very liable to get out of order and is not portable, at least we should suppose not, with the open tube containing mercury.

But Dr. Ozanam's claims to originality and science in the matter of the pulse and circulation do not rest upon his sphygmograph only. His book, besides being a mine of wealth as regards the historical portion of his subject, contains some original views and investigations which redound to his credit as a careful and intelligent observer. He claims to have extended and perfected the doctrine of Borden and Fouquet relative to organic pulses and arterial curves, and to have proved that the circulation is not merely a vague function of general nutrition, but that every organ possesses its autonomy, its own peculiar mode of circulation, its apparatus for moderating the sanguine tension.

His discovery of what he calls "circulation by influence" is extremely interesting. He shows that every artery produces in its attendant vein alternate movements of dilatation and contraction analogous to its own but occurring at opposite times.

The portion of the work devoted to the semeiotics of the pulse is elaborated with much care, but whether owing to the imperfections of the sphygmograph employed, or to the different tracings given by Dr. Ozanam's instrument to those afforded by the lever and spring sphygmographs, we must confess that for the most part the sphygmograms given by Dr. Ozanam as characteristic of different cardiac and arterial diseases are totally unlike those we have met with in these affections when employing the other instruments. Evidently no certitude with regard to morbid sphygmographic tracings will ever be established until observers agree to use the same instrument. Therefore the first thing to be done is to find out which is the best, or if all are imperfect to devise some one sphygmograph which shall be acknowledged to be the very best, and to discard all inferior ones.

Dr. Ozanam's book is profusely illustrated by woodcuts of sphygmographs and cardiagraphs, and sphygmographic and cardiagraphic tracings, and he gives also interesting portraits of the



four great men who were distinguished in connection with the discovery of the circulation of the blood—Michael Servetus, who is better known as the victim of Calvin's theological hatred than for his great discovery of the pulmonary circulation; Realdo Colombo, the Roman Professor; Andrea Cesalpino, also Professor at Rome, who very nearly discovered the greater circulation, and the illustrious William Harvey, the last and the greatest of the four, who pieced together all the fragmentary discoveries of his predecessors, and finally solved the enigma of the greater and lesser circulation.

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*Dogs in Health and Disease, as typified by the Greyhound.* By JOHN SUTCLIFFE HURNDALL, M.R.C.V.S. London: E. Gould & Son. 1886.

We gladly welcome all books setting forth the treatment of the diseases of the lower animals through homœopathy, when such contributions are, like the one before us, based on the personal clinical observation of their authors. We do so for two reasons, in the first place, they constitute an irrefutable answer to the assertion that the cure of disease by small doses of homœopathically indicated medicines is due to the influence of the imagination. Wonderful as is the instinct of the dog, no one has as yet had the hardihood to suggest that there is any connection between the results of a dose of medicine, however large or however small, and the imagination of the animal receiving it! Secondly, they enable us to remedy the ills to which our pets and faithful servants are liable, not only without the possibility of injuring them, but with the greatest opportunity for insuring their rapid and complete recovery.

The great difficulty in securing homœopathic treatment for our horses and dogs lies in the general stupidity, ignorance and idleness of grooms and kennelmen. To the blunted intelligence of the general run of men following these occupations, a medicine to be useful must be repulsive, while due consideration for their personal interests requires that one or two "balls" or "drenches" or "drinks," per diem, should be the utmost that is ordered. To give a small dose of a tasteless preparation in a little milk or a little water, or on a piece of bread, every two or three hours, appears to them both absurd and inconvenient. Hence when homœopathic treatment is adopted, either in a stable or a kennel, the owner himself must keep a constant eye upon the proceedings of his servants.

This little book is far from being an exhaustive treatise on the diseases of dogs. "The symptoms enumerated under each paragraph are the principal and most obvious ones, only such as may be noted by the unprofessional observer without great

difficulty. The diseases treated of are those most easily detected, and the treatment prescribed such as may be resorted to in the early stage of disease."

Mr. Hurndall is a thorough homœopathist. As such he commences his little book with a succinct account of what homœopathy means, how it arose and the success which has attended its practical application. He does so, he tells us, in order that his readers "may have an opportunity of forming an opinion as to its probable value, and also because many of the old school regularly seek to influence the lay mind against it." Mr. Hurndall frequently refers to Stonehenge on *The Grayhound*, and says in one place "it is only when I come to the treatment of disease, that I differ from or pretend to improve upon the advice given in this valuable work." After referring to the "large number of practitioners acting upon the experience gained by homœopathists without ever dreaming of crediting the source from whence their information was obtained, or acknowledging their indebtedness to the principle through which the applicability of given remedies to individual diseases was discovered;" and pointing out that smaller doses of medicines and simpler mixtures are now commonly prescribed; Mr. Hurndall makes the following remarks upon the value of homœopathy, which may be advantageously read by all, whether interested in human or veterinary medicine.

"I have repeatedly heard it said by allopathic practitioners, who could not for very shame pass by unnoticed many remarkable cures effected by homœopathy pure and simple, that the two systems of medicine were gradually but surely drawing closer and closer to one another, until ultimately there would be no difference at all between them. This opinion is no doubt father to the wish, for the orthodox school cannot bear the idea of having to bend its back to the comparatively new and far more successful school of homœopathy. Let me, however, state that a coalition of the systems is a practical impossibility, for they are as wide apart as the poles; the one has a principle, the other has none, and boldly asserts that it desires none. How therefore can two such opposites become one? Never! And I trust that the followers of Hahnemann will continue, as they have hitherto done, to stand true to their colours, and not condescend to bow the knee to Baal, because they fear professional ostracism, to which in a large number of instances they have been exposed. If there is to be any true harmony in the various branches of medicine, human and veterinary, those who are in the wrong must be the parties to give way, notwithstanding the antiquity of the practice. Homœopathists need not make any demands for the humiliation of the allopath, but certainly they must not permit themselves to be humiliated; let them stand true to

principle, and virtue will ensure its own reward. I have thought it necessary," he adds, "to give expression to these sentiments, because this pamphlet will in all probability come into the hands of many persons who are not able to distinguish between the systems, and who wonder, sometimes, what all the 'russ' about homeopathy means; moreover, they have no idea of the virulent opposition which one school of practice undergoes from the other, because every right-minded person thinks that the medical practitioner is certain to adopt any and every new suggestion that may spring up, whereby disease can be cured easily, quickly, pleasantly. It is not so, however, and every person ought to know it; the public would then be better able to judge which is *the system* to rely upon in time of danger, whether for themselves or their animals."

After some sensible remarks, based on sound physiological principles, upon the selection of greyhounds for breeding, Mr. Hurndall sketches the various forms of disease to which the animal is liable after "whelping down," during puppyhood, and when maturity has been reached, giving very briefly the various means for diagnosing each, the circumstances indicating the remedies and the diet, and general treatment which each demands.

On one point we must be allowed to differ from the author. Writing on *Rabies*, he says: "If you own a valuable greyhound that is accidentally bitten by a mad dog, do not run away with the idea that there are no means at your disposal to prevent the inoculation from taking effect, and, in a hasty moment, kill off the animal that may yet live to win you some good stakes. I cannot, however," he adds, "make this statement without a qualification, namely, that if you attempt treating an animal which you know has been bitten by a rabid dog, you are in duty bound to friends and neighbours to keep that dog sufficiently long under restraint from wandering, say at least two months, to make sure that treatment has been effective."

Against this teaching we must protest. The danger to man which exists while a dog is alive that has been bitten by one suffering from rabies is so great, so well substantiated, that no animal, whether high-bred greyhound or worthless mongrel, ought to be allowed to live under such circumstances. The chance of winning "some good stakes" ought not to be measured, for a moment, against the possibility of a kennel-man or any other person being bitten by a dog in whom rabies is even incubating.

Further, a term of two months by no means covers the period of incubation of rabies in the dog. It is true that it most commonly comes to an end about the eighth or tenth week, though a goodly number do not develop rabies until four months

have elapsed from the date of the bite, and in a few, seven months have gone by before the disease has broken out. Supposing that a dog might be considered fairly safe at the end of four months, what would be the condition of the greyhound that had been shut up and kept without exercise for such a period? It would be a long while before he could be prepared to take part in a course, and very doubtful, we should think, if he could ever again do so successfully, grand as "the form" he may have previously shown may be.

However valuable a dog is, the responsibility of keeping one known to have been bitten by a rabid animal, is far greater than anyone ought to assume. We would therefore urge the greyhound fancier to kill the dog inoculated with rabies before he has had the chance of doing any mischief, and rest assured that, just as there are as good fish in the sea as ever came out of it, so there are as good greyhounds yet to be born, as any hitherto bred.

With this single exception we can heartily commend Mr. Hurdall's little book to all "doggie-men." They will find it simple, accurate and concise, and, we are sure that if they will follow the author's instructions they will see, and their dogs will feel, the advantage of discarding the ordinary "dog-doctor's" pills, powders, and mixtures.

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*The Reign of Law in Medicine, being the Hahnemann Oration for the year 1885.* By D. DYCE BROWN, M.A., M.D. London: Trübner & Co., Ludgate Hill. 1886.

FOR reasons which will be sufficiently obvious, we can do no more here than notice the fact of the publication of this essay, which formed the Hahnemann Oration delivered by Dr. Brown last October, at the opening of the now rapidly passing away winter session.

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## NOTABILIA.

### SIXTH ANNUAL REPORT OF THE SOCIETY FOR THE PREVENTION OF BLINDNESS.

DR. ROTH, who acts as Secretary and Treasurer of this Society, has furnished an interesting report of its operations during the year. Engaged chiefly in disseminating literature calculated to educate people in the management of eyesight, the Society has during the year published:—

" Fifth Annual Report "	...	...	...	...	1,000
" Small Prospectuses "	...	...	...	...	5,000
" Notes on Preventible Eye Disease "	...	...	...	...	5,000
" Graphic chart of the causes of Blindness "	...	...	...	...	500
" The Society's Prize Essay, " a volume of 247 pages					1,000
" " " "			French Translation...		1,000
" " " "			German Original ...		1,000
					14,500

During the six years of its existence, the Society's publications have amounted to 117,000 copies. The report asks for the assistance of the clergy, district visitors, medical men and others who are brought in contact with the poor, in distributing its papers among them.

After referring to the excellence of Dr. Fuch's essay, the report deploras the amount of ignorance, regarding eye diseases, prevailing among medical men. There are, it says, "still fourteen medical schools in England where no theoretical or practical instruction in the treatment of eye diseases is given; "this shows" it adds "how little attention is paid to the subject, and accounts for the too frequent medical ignorance of it."

The Royal Commission appointed to enquire into the general condition of the blind, is urged to study the means necessary for preventing an increase of blindness, and to induce the medical council to make a theoretical and practical examination in ophthalmology, obligatory upon every candidate for a medical qualification.

The part taken by Professor Corradi, of Pavia, in introducing the work of the Society to the notice of the members attending the Medical Congress at Perugia, is also noticed.

A similar society has just been established by Professor Sini, M.D., in Florence, and one is, we understand, shortly to be set on foot in Switzerland.

We earnestly trust that the zeal and devotion of Dr. Roth in endeavouring to ameliorate the condition of the blind, will meet with the support and gratitude that they deserve.

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#### THE HASTINGS AND ST. LEONARDS HOMŒOPATHIC DISPENSARY.

The annual meeting of this Institution was held on the 31st of January. The number of patients admitted had increased from 1,158 in 1884 to 1,257 in 1885. The visits to patients at home had numbered 578. The ophthalmic and dental departments of the charity are also increasingly appreciated.

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The physician is Dr. Croucher, Surgeon, Mr. F. H. Shaw, Ophthalmic Surgeon, Mr. C. K. Shaw, and Dental Surgeon, Mr. P. Philip.

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#### THE HAHNEMANN CONVALESCENT HOME AND HOMCEOPATHIC DISPENSARY, BOURNEMOUTH.

DURING the year there have been 98 patients in the home; 52 women and 41 men who have come from all parts of the United Kingdom.

At the beginning of 1885 there were on the dispensary books 62 cases; 630 have since been admitted, of whom 315 recovered, 157 were relieved, 24 left unimproved, 1 died, and 52 remain under treatment.

The medical officers are Dr. Nankivell, Dr. Hardy, and Mr. Frost.

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#### THE BUCHANAN OPHTHALMIC AND COTTAGE HOSPITAL, ST. LEONARDS.

THE fifth annual meeting of this hospital was held on the 29th January. The following table will give the result of the year's work:—Remaining in hospital, January 1st, 1885, 16; admitted during the year, 106; admitted for operation and discharged same day, 5; total under treatment, 127; discharged as cured, 74; relieved, 36; incurable, 2; died, 5; discharged at own request, 2; remaining in hospital, January 1st, 1886, 8; total, 127. Of the in-patients 51 were men, 71 were women; of these 47 were ophthalmic cases; average number resident throughout the year, 10·76; mean residence of each patient in days, 32·2. The financial statement shows a balance in hand of £150.

Mr. C. Knox Shaw and Mr. F. H. Shaw are the medical officers, Mr. Trille is the dentist to the institution.

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#### THE BRIGHTON HOMCEOPATHIC DISPENSARY.

THE Annual Meeting of this Institution was held on the 29th January. The total number of admissions during 1885 was 1,377, against 1,300 in 1884, and the cases visited 505, against 688 in 1884. The expenditure during the year amounted to £924 18s. 2d., showing that the treatment of each case has cost 8s. 4d. The number of consultations and visits paid at home had been 12,748. An Ophthalmic Department has been instituted

and placed under the care of Mr. Rean, to which 85 cases have been admitted during the year, giving rise to 744 consultations.

Dr. Hughes and Dr. Cay are the physicians, and Mr. Rean is the surgeon.

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#### OXFORD HOMŒOPATHIC MEDICAL DISPENSARY.

THE report of this Institution for the past year shows that 1,102 new patients were admitted. During the 18 years that the Dispensary has been established 19,809 cases have been entered.

Dr. Arthur Guinness is the medical officer.

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#### VERBASCUM OR MULLEIN OIL.

EARLY in 1885 we received an order for *mullein oil* such as was recommended by Dr. A. M. Cushing, in an article published in a western journal. Never having heard of it before, we wrote to the doctor, and, with characteristic promptness, his reply came by return of mail as follows:—

“Messrs. Boericke & Tafel, New York: The article to which you refer was in the *U. S. Medical Investigator* some three months since, I think, and there is no oil used about it. It is made by picking the *mullein blossoms* and putting them in a junk bottle dry, with nothing with them, corked tight and hung in the sun for four or five weeks. By that time there will be an oily liquid distilled,—two or three ounces from one quart of blossoms. It is not really an oil, but a dark liquid, smelling very much like black snuff scented with rose.

“The history of it is this: My father’s house was the home for all poor tramps, as well as ministers, etc. He fell into the river, got water in his ears and was quite deaf for months. A blind man called, heard loud conversation, asked the cause, etc., then said for kindness received he would tell us how to make something that would surely cure him, and it was worth a thousand dollars in New York city. We made the oil, put it in his ears at night, and he was well in the morning. For years we kept a bottle of it, and it travelled all around the towns and did wonders. That was when I was a youngster. When I studied medicine, or when I was practising, I wanted to know if it was homœopathic, and made a proving, and developed the symptoms of almost constant but slight involuntary urination, keeping my pants wet.

“I did not make any this past season, and have divided till I have but a little, half-and-half alcohol, left. I could spare a little of that, and next season, if I live, will try and make a quantity.

“Respectfully yours,

“A. M. CUSHING.”

In the article in the *Investigator* of July 19th, 1884, the doctor reported the following case: "A young man, aged about seventeen, had never slept away from home, as he always wet the bed. The best of old-school doctors had failed to cure him. One prescription of *mullein oil* 8d cured him in three weeks, and he remained cured."

The letter was received in January, 1885; hence, was not immediately available. But as soon as the *verbascum* was in bloom we made some of the "oil" *lege artis*, and then mixed it in equal proportions with alcohol. We did not get much more than an ounce from a quart of flowers. We had occasion to verify its effectiveness quite recently. Little Walther T., æt 6½, was subject to periodical attacks of otitis, lasting generally from four to five days and nights, accompanied with slight flux from the ear. *Pulsatilla*, followed by *tellurium* 80, generally quieted him, but these attacks were followed by an annoying deafness, which would last from three to four weeks. Walther was taken with another attack early in November, about 1 a.m., and in the morning was still suffering. We procured some of the *verbascum oil*, poured four or five drops into his ear, and within a few hours the boy was as lively as a cricket and without a trace of the usual deafness.—*The Homœopathic Recorder*.

### THEY NEVER WOULD BE MISSED!

"I WISH you had been with me yesterday," said the doctor. "I chanced to meet Ferguson, and I would like to have had you hear his account of the opera which he attended not long ago. He went to McVicker's to hear this new-fangled thing of Gilbert and Sullivan's called the 'Mikado.' Ferguson occupied a proscenium box in one of the upper rows, where a curtain hid him from the gaze of the audience, and he actually went to sleep right in the midst of the performance. That is to say, he was not sound asleep, but, having been up all of the night before, he couldn't keep his eyes open, and hence he dozed off into a sort of a dreamy state.

"It seems that when the Mikado was on the stage selecting victims for the wholesale execution which he contemplated, the song which the old fellow sang sounded in Ferguson's ears something like this:—

"There's the doctor who is prominent at all the public shows,  
And the doctor who 'talks physic' telling all he knows;  
There's the doctor with the druggist, going in cahoots,  
And the very stylish doctor with the patent-leather boots—  
And every kind of doctor I've got upon my list,  
For they never would be missed, they'd none of them be missed.



Then there's the busy doctor, who goes to bed so late,  
With ' more than twenty orders ' left over on his slate ;  
And there's the ' lady's doctor,' who rubs his hands and smiles,  
And the one who travels daily ' almost fifty miles ' ;  
There's the doctor with the funkey—O, why do they exist ?  
For they'd none of them be missed, I'm sure they'd not be missed."  
—*Chicago Era.*

#### GIFT TO A LIVERPOOL HOSPITAL.

MR. HENRY TATE, sugar refiner, who some time ago gave £10,000 towards the erection of a homœopathic hospital in Hope Street, Liverpool, has just given a second sum of like amount, while his sons and daughters have contributed £1,000, making the total amount of the Tate contributions £21,000. At the annual meeting of the friends of the Liverpool Homœopathic Dispensaries, with which the new hospital is associated, the Mayor of the city presided and referred to the munificence of Mr. Tate. It was reported that the number of attendances given by the dispensaries during the past year was 78,881, an average of 1,516 per week. It was stated that the cost of endowing a bed in the Homœopathic Hospital was only £1,000, as against £1,500 to £2,000 in other hospitals. A point was made of the circumstance that homœopathic doctors are not allowed to practise in other hospitals, though fully qualified.—*The Times*, January 80th, 1886.

#### THE HOT-WATER TREATMENT.

AN eminent civil engineer has contributed to the *Pall Mall Gazette* an article narrating his experience with hot water as a remedial agent. This article he had at first sent to the *Lancet*, which journal declined it " on the ground that communications on medical subjects from laymen are never admitted." This, of course, proves that the report is worthless, but all the same it is interesting.

From January to September, 1884, the writer says he had repeated painful attacks of renal calculus. He is nearer fifty than forty, had always lived plainly and regularly, and was nearly a total abstainer. He is 5 ft. 11 in. in height, and at the time of the first seizure weighed about 15 st. 5 lbs. net, and measured 44½ inches round the waist. He had rarely suffered from anything but indigestion, evidenced by very frequent attacks of heartburn. For the renal trouble he had been dieted, and had been sent to Strathpeffer, but got no benefit. At the end of August he had to go to America on professional business, and while there consulted a Dr. Butler, of New York. On returning home he commenced the treatment which Dr. Butler had

prescribed. This consisted in drinking nothing but hot water, and eating practically nothing but animal food for seventeen weeks. The water was taken in four doses per day, at a temperature of from 180° to 150° Fahr., on an empty stomach, and at least one hour before a meal. The first dose was taken at 7 a.m., second at noon, third at 5 p.m., fourth at 10 p.m., and a pint to a pint and a quarter each time. Lean beef steak, freed from fat, skin, and connective tissue, was recommended as the model food. This, with a little plain broiled codfish and occasionally a few sticks of celery formed his food for 121 days. No bread, potato, or any other vegetable, except a little pepper, mustard and horse-radish, as condiments, was allowed. His appetite seems to have been satisfactory, to put it mildly, for he estimates that during the treatment his daily average of solid food was 5 lbs.

Dr. Salisbury, the initiator of the system, says that hot water is the most valuable of therapeutic agents, and, after an experience of five and twenty years, declares that if he were for ever restricted to only one means of medication, he would choose hot water. It must, however, be taken systematically, and it then acts as an internal bath, washes down the slime, yeast, and waste, and leaves the stomach fresh and clean for the next eating. It stimulates the appetite for solid food, and prevents a desire for much liquid during the taking of meals. By virtue of its high temperature it acts efficiently as a solvent; it promotes perspiration and elimination, and assists downward peristalsis.

The results attained in the case before us were that between October 11 and December 21 the patient had lost 89 lbs. This was the irreducible minimum, for, although the course was continued until February 8, he got no lighter. At the latter date he began to eat a little rice with the beef, and gradually worked, as directed, into a regular diet of two parts of animal to one of vegetable food. This has been maintained ever since continuing also the early morning and the noon dose of hot water every day. He has not had the slightest touch of heart-burn since the treatment was begun fifteen months ago, and, apparently, the kidney trouble has entirely disappeared. A similar treatment adopted by a gouty friend seems to have had equally good results.—*The Chemist and Druggist.*

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#### WHAT BECOMES OF MEDICAL STUDENTS?

THE *British Medical Journal* extracts the following from Sir James Paget's interesting return as to the career of a thousand students at St. Bartholomew's Hospital. The report was published in the fifth volume of the hospital reports:—Out of the

thousand students, twenty-three achieved distinguished success, holding important public and hospital appointments, or gaining leading practices. Twenty-six had considerable success, holding good appointments or lucrative practices in good districts, or gaining more than ordinary esteem and influence in society. Five hundred and seven, or rather more than half, attained fair success, being able to live by their profession, or to gain promotion in ordinary appointments, maintaining in all cases a good reputation. One hundred and twenty-four had very limited success, not having made a fair practice within fifteen years after entering the profession, or appearing likely to do so, or were only just making an uncertain livelihood, or were still employed as assistants in ordinary practices, or were erratic, or doing much less than had been expected of them. Fifty-six "failed entirely." Sixteen of these ill-fated men did not get on in life, though no reason could be assigned to account for their failure, and ten failed through ill health or some distinct misadventure. Ten were habitually irregular in their habits, and five failed because of scandalous misconduct. Fifteen were never able to pass examinations, some because of idleness and listlessness, a very few through sheer want of intellect. Ninety-six, or nearly ten per cent. left the profession after beginning either its study or its practice; in the same space of time only seven entered the hospital after abandoning other studies or callings, and five of the seven again changed their minds. Of the ninety-six three were wisely removed from the hospital duties by their friends, and thirteen left pupilage on their own accord, or were expelled. Two retired through acquiring means which put them in a position to dispense with work of any kind; four, after beginning practice, had to leave in disgrace; three took to the stage, one with success; four gained commissions in the army; three enlisted, one winning a commission; one successfully took to the bar; seven took holy orders; twenty went into business; nine became farmers; three homœopaths, all unsuccessfully; while twenty-four left the profession for various other pursuits. Eighty-seven died after beginning practice, twenty-one of diseases incurred in their duties, five by suicide, and one "judicially," attaining, nearly thirty years since, a terrible notoriety by his crimes. The remainder died of various diseases when either prosperous or otherwise. Forty-one died when students, seventeen of phthisis, four (at least) of fever caught in the hospital, whilst two committed suicide.

It will be observed that the three who became "homœopaths, all unsuccessfully," were unqualified when they made the attempt to convert the practice of homœopathy into a trade. Homœopathy affords no field for an imperfectly educated man.

## OBITUARY.

## E. C. FRANKLIN, M.D.

On the 10th December last, after returning home from his morning round of visits, and while sitting in his study chair, this well known surgeon and popular teacher of surgery suddenly passed away at the age of 62. A pupil of the celebrated Valentine Mott, he graduated at the University of New York in 1846, when 24 years of age. He commenced practice in Williamsburg, Long Island, N.Y., and was soon engaged in a paper war with Drs. Cox, Hanford and Culford, homœopathic physicians. Subsequently removing to California, he was in 1851 placed in charge of the Marine Hospital of San Francisco. He next moved to the Isthmus of Panama, and was for a time surgeon to the Panama Railroad Hospital. Here he contracted Panama fever, suffering from repeated attacks of it. The failure of the usual methods of treatment to influence it, led him to try homœopathy—and he did so successfully. Thenceforward to the day of his death he was an earnest and skilful homœopathist. Early in the American Civil War he was appointed surgeon and brigade surgeon of volunteers, and served in Missouri under General Lyon, and in the Vicksburg campaign. In 1872 he was appointed Professor of Surgery in the Homœopathic Medical College of Missouri, and in 1879 to a similar position in the University of Michigan, which he retained until 1883, when he returned to St. Louis and engaged in private practice. In 1867 he published two volumes on *The Science and Art of Surgery*, in the preparation of which his long experience both in civil and military practice gave life and force to his teaching.

He founded the Western Academy of Homœopathy in 1874, now a flourishing society with 250 members, presided over by Dr. Everett, of Denver, Col., and was the President of the American Institute of Homœopathy in 1877.

Dr. Franklin was a man of determined character, guided by a powerful intellect, and an accomplished and cultured gentleman.

## E. A. FARRINGTON, M.D.

SINCERELY do we sympathise with our American brethren in Philadelphia in the loss they have sustained of so accomplished a colleague, so genial a friend as Professor Farrington. We had the pleasure of spending an afternoon with him in London last summer, just before his return home, after he had vainly sought in foreign travel that restoration of health all who knew him trusted he might obtain. He had then all the appearance of one suffering from pulmonary tuberculosis, from the results of

which he died at his residence in Philadelphia on the 17th of December. 1885, at the comparatively early age of 39.

Born at Williamsburg, Long Island, New York, in 1847, he early displayed considerable intellectual capacity. Having spent some time as a pupil of his brother, Dr. H. W. Farrington, he entered at the Homœopathic Medical College of Pennsylvania, graduating at Hahnemann Medical College, Philadelphia, after the usual course of study, in 1868. In Philadelphia he commenced to practise, and was soon afterwards appointed Lecturer on Forensic Medicine in Hahnemann College. This he subsequently exchanged for the Professorship of Pathology, and in 1874 succeeded Dr. Guernsey in the chair of *Materia Medica*, which he continued to fill until his death. It is by the work done while occupying this post that Professor Farrington will be chiefly remembered. His studies of *Materia Medica* evince a singularly deep knowledge of drug action. His power of analysis was great, and enabled him to point out not only the superficial, but the deeper relationship of symptoms. "His analytical mind," says a writer in the *Hahnemannian Monthly* (January), "carried the student through labyrinths of symptoms and mazes of modalities, with such clear and concise directions as to the way, that the thoughtful student might ever feel able to traverse the same alone."

Dr. Farrington was one of the editors of the *Hahnemannian Monthly*, an active member of the State and County Homœopathic Medical Societies, and of the American Institute of Homœopathy. He was also a member of the Consulting Committee on the new *Cyclopædia of Drug Pathogenesis*.

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#### WILHELM AMEKE, M.D.

It is with deep sorrow that we announce the death on the 22nd of January of this distinguished physician, after a long period of severe suffering. Dr. Ameke's deep researches into the history of homeopathy and all the events of Hahnemann's life, the results of which he has so recently placed before us in his masterly *History of Homœopathy*, at once secured for him a prominent position in the ranks of those who are endeavouring to propagate and develop the great therapeutic reform initiated by Samuel Hahnemann. This work—one of the most important contributions to the history of medicine that has appeared for many years—led us to hope that the future had in store for us many valuable additions from the enquiries of so accomplished and industrious a student of medicine, but *L'homme propose, mais c'est le Dieu qui dispose* is ever true, and now we have to deplore the death of our learned colleague after a life of only 39 years. The *Allgemeine Homœopathische Zeitung* says of him, "As long

as homœopathy exists will his name be known as that of a man who, by thorough investigation, cleared the reputation of our master from the blot by which some had endeavoured to deface it." His loss is one which will be regretted wherever and by whomsoever homœopathy is appreciated.

### JAMES MOORE, M.R.C.V.S.

It is with much regret that we chronicle the departure from amongst us of a gentleman who, when in the prime and vigour of his life did excellent service in promoting a wider appreciation of homœopathy, Mr. Moore was, we believe, the first veterinary surgeon in this country who adopted homœopathy as the basis of his medical treatment. Not satisfied with merely doing the best he could for the sick animals entrusted to his care, he exerted himself with his pen to show his brother veterinarians how, by resorting to homœopathy, they could achieve as large a measure of success as he had done. The part played by Mr. Moore in the development of homœopathy in this country five and thirty years ago, and until he retired from practice, was one that ought not to be forgotten.

JAMES MOORE was born at New Cumnock, in Ayrshire, in 1807. In 1835 he commenced the study of veterinary medicine at the school then recently established at Edinburgh by the well known Professor Dick, under the auspices of the Highland Society. Here he gained the silver medal in anatomy and took his diploma in 1837. For some years he practised in Glasgow, and it was during this time that he published a paper in *The Veterinarian* for 1845 *On Scarlatina and Erysipelas in the Horse*, differentiating the two diseases and illustrating his views by cases.

In 1848 he removed to Manchester. Here he contributed a paper to *The Veterinarian* (1850) on *Rabies in the Horse*. About this time he wrote some letters to *The Manchester Guardian* on the muzzling of dogs during the dog days. These attracted the attention of the late Henry Turner, the well known homœopathic chemist of that day. Mr. Turner urged him to try the use of *belladonna* in canine rabies, and pressed upon his attention the value of homœopathy in the treatment of all forms of disease. This interview was the commencement of a warm and intimate friendship, and ultimately led to Mr. Moore's adopting homœopathy, a step which his subsequent long experience only served to confirm the wisdom of.

In Manchester he was largely employed by horse-owners and dairymen; in *The British Journal of Homœopathy* for 1858, he gave 84 clinical illustrations of the treatment of acute disease, which strikingly show the rapidity with which severe illnesses in the lower animals will yield to appropriate medication; they

also prove how thorough Mr. Moore's acquaintance with disease was, how completely he had grasped the doctrine of similars, and how carefully and intelligently he had studied the *Materia Medica*. Here in 1857, he published the first edition of his *Outlines of Veterinary Homœopathy*, and Essays entitled *Lung Disease of Cattle curable by Homœopathy; Common Diseases of Animals; and Milk Fever in Cows*. These essays were eminently useful, and many a farmer and stock-owner has had reason to rejoice over their appearance.

In 1860, with a well established reputation as a successful practitioner, he removed to London, where he took a house in Upper Berkeley Street, at which he has since resided. The valuable introductions he obtained when he settled in London, soon led to his becoming extensively engaged in practice, from which he retired about five years ago, a weak heart and frequent attacks of bronchitis having rendered the complete fulfilment of his duties no longer possible.

During his residence in London he published a *Practical Reply to Sir B. Brodie's Letter on Homœopathy, with cases showing the efficacy of Homœopathic Treatment in the Diseases of Animals*. This reply was rendered especially telling by the fact that the eminent surgeon, who had ventured to write dogmatically on a subject of which he literally knew nothing, and to denounce a therapeutic method he had never tested, informed his correspondent, J. S. S., through the pages of *Fraser's Magazine*, that "in this country there is a large proportion of individuals who have plenty of money, combined with a great lack of employment, and it is astonishing to what an extent such persons contrive to imagine diseases for themselves." And then he goes on to urge that the morbid feelings in such cases "will disappear as well under the use of globules as they would under any other mode of treatment, or under no treatment at all." Mr. Moore was well able to show from his ten years' experience in the treatment of horses, dogs, and cattle, that homœopathy was abundantly successful in cases where no imagination could possibly operate—where, in short, the medicine given, and the general treatment of the animal, could alone account for the results achieved.

The year 1865 was that in which the cattle of this country were smitten with that contagious and rapidly fatal disease known as "the plague." Homœopathy had been found fairly successful in Holland. Dr. Hamilton, hearing of this through Sir James Caird, passed over there to ascertain the facts; and, finding them to be substantially borne out by his enquiries, he read an interesting paper on the disease at the British Homœopathic Society. A committee of noblemen and gentlemen was formed to test the value of homœopathy. Mr. Moore was put

in charge of the experiments made in Norfolk. He had previously, and with well marked success, treated the disease in the neighbourhood of London and elsewhere. In Norfolk, however, the medical men, animated by a fear that homœopathy would prove successful, offered every opposition in their power to Mr. Moore's proceedings, while they were most efficiently aided by the ignorance, stupidity and wilfulness of the "Hodge" of the district. In spite of all, however, Mr. Moore succeeded in saving 1 in 6, while under allopathic treatment out of 57 head 42 died, 18 were killed to save them from dying, 1 recovered without treatment, and 1 defied the disease. That Mr. Moore's success was no greater than it was is traceable to the obstinacy of the men supposed to be looking after the animals. In an essay on *The Cattle Plague and an Account of the Norfolk Trial*, he wrote: "I am persuaded that a very satisfactory per centage of recoveries would have resulted from the trial, had our efforts not been foiled by our being utterly unable to place a large number of the cases in comfortable houses, and in all, to feed them as they ought to have been fed. For a whole week, nothing but hay, turnips and straw could be obtained; and even when more suitable food was got, the men over and over again persisted in giving as many turnips as the animals would eat." (*Monthly Homœopathic Review*, vol. x, p. 165). Mr. Mayer, the Government Veterinary Inspector, who saw Mr. Moore's cases, admitted that, under such circumstances, the trial had been no fair one at all. That Mr. Moore was correct was amply borne out by the observations of Mr. Emerton and Mr. Hope, in York, and by those of Mr. Lord, in Cheshire,

Of *An Essay on Foot and Mouth Disease*, by Mr. Moore, published a little later, 25,000 copies were sold. He was also the author of books on *Diseases of the Dog; On Distemper*, in which was included a controversy he had with the editor of *The Field*; and of one on *Horses, Ill and Well*—one of the best and most useful manuals of stable management we ever read. It is, we believe, out of print, and good service would be rendered by his son, and successor in practice, if he would revise it, and forthwith publish a new edition.

In 1878, Mr. Moore read a paper before the Central Veterinary Association, of which he was a fellow, on *The Action and Uses of Kali bichromicum*, and so great was the interest excited that five meetings were devoted to its discussion. His last contribution to the literature of his profession was a paper on *Inoculation for Contagious Pleuro-pneumonia*, which appeared in *The Veterinary Journal*, 1880. In this method of prophylaxis, many years experience in applying it had given him profound confidence, and in this essay he shows how untiring were his efforts, both



epistolary and conversational, during long years to persuade the authorities to adopt it.

Mr. Moore was a member of the Council of the Royal College of Veterinary Surgeons from 1878 to 1877, and for twenty years had been a member of the Royal Agricultural Society.

As a practitioner he was eminently successful—a success due partly to the care with which he selected his remedies, and largely also to a form of knowledge, which has been described as “instinctive,” but which is in reality the result of experience impressed upon a mind especially adapted to receive and retain its teachings. In the handling of a horse and in the detection of slight lameness, or other weaknesses, he was particularly expert.

During his retirement he has usually spent his winters at Bournemouth and Hastings, but encountered the final stage of his illness at home, and on the 80th of January when sitting up in bed, he said “I feel very tired,” laid his head on the pillow and so passed away.

Mr. Moore married in early life the daughter of a Scotch physician, Dr. William Bryden, by whom he had several children, one, Dr. George Moore, practises in Hertford Street, Mayfair, two other sons are members of his own profession, one being a Government Inspector and the other, Mr. Thomas Moore, who has for many years assisted his father, succeeds him in Upper Berkeley Street.

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## CORRESPONDENCE.

“SHALL I PRESCRIBE OR DISPENSE MY MEDICINES?”

*To the Editors of the Monthly Homœopathic Review.*

GENTLEMEN,—The experience of the doctor (as related in your last issue) in the course adopted by his local chemist of high standing seems so strange that I feel invited to state my case.

I received the hearty support of a homœopathic doctor for more than a dozen years, whose prescriptions averaged nearly 1,000 per annum. His interest I did my best to promote, and through the whole of this time there was the most cordial feeling and mutual respect existing. Unfortunately for me he sold the practice some years ago. I welcomed his successor, and purposed to co-operate with him in the same spirit, and distributed more than one lot of his cards to persons enquiring for a homœopathic doctor. The prescriptions speedily diminished; last year not one dozen were received.

Is this likely to advance homœopathy in the district, or assist in keeping my shop in a presentable appearance? What must I do to make up for this loss but prescribe where I have the opportunity?

HOMŒOPATHIC CHEMIST.

## NOTICES TO CORRESPONDENTS.

\*. We cannot undertake to return rejected manuscripts.

## ERRATA.

Line 10 from the bottom of page 74, for "ergot" read "argol."

Line 7 from the bottom of page 112, instead of "shown in this number. *The Review*,"—read "shown in this number of *The Review*."

We are requested to notice that Dr. E. F. HAWKES has settled at Ramsgate, in succession to Dr. HARMAR SMITH.

Communications, &c., have been received from Dr. DUDGON, Dr. G. MOORE, Dr. YELDHAM, Mr. G. A. CROSS (London); Dr. PULLAR (Edinburgh); Dr. HAWKES (Ramsgate); Dr. HAYWARD (Liverpool); Dr. ORAMAN (Paris); Dr. LAMBRECHT (Antwerp), &c.

## BOOKS RECEIVED.

*The Therapeutic Key, or Practical Guide for the Homeopathic Treatment of Disease.* By J. D. JOHNSON, M.D. Fifteenth edition. Philadelphia: F. E. Boerioke. 1886.

*The Value of Vaccination. A Non-Partisan Review of its History and Results.* By G. W. Winterburn, M.D. Philadelphia. F. E. Boerioke. 1886.

*The Homeopathic World.* London. February.

*The Hospital Gazette.* London. February.

*The Chemist and Druggist.* London. February.

*The Monthly Magazine of Pharmacy, &c.* London. February.

*The British and Colonial Druggist.* London. January.

*The Indian Homeopathic Review.* Calcutta. October and November.

*The North American Journal of Homoeopathy.* New York. February.

*The New York Medical Times.* February.

*The American Homoeopathist.* New York. February.

*The New England Medical Gazette.* Boston. February.

*The Hahnemannian Monthly.* Philadelphia.

*The Medical Era.* Chicago. January and February.

*The Medical Current.* Chicago. January.

*The Homeopathic Record.* Philadelphia. January.

*The Third Annual Announcement of the Hahnemann Medical College,* San Francisco.

*Allgem. Hom. Zeitung.* Leipsic. January.

*Leipziger Populäre Zeitschrift für Homöopathie.* Leipsic. February.

*Revista Hahnemannia.* Madrid. January.

*Rivista Omiopatica.* Rome. January.

*La Reforma Médica.* Mexico. January.

*Revista Argentina de Ciencias Médicas.* Buenos Ayres. December.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 13, Church Road, Tunbridge Wells, or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY  
HOMŒOPATHIC REVIEW.

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A CASE OF MULTIPLE SARCOMATA: RECOVERY  
UNDER HOMŒOPATHIC TREATMENT.\*

By HENRY SHACKLETON, M.D., M.R.C.S. E., Sydenham.

MR. PRESIDENT AND GENTLEMEN.—Before bringing under your notice this evening the case of the patient, whom I am happy to be able to show in his present healthy condition, it is only right that an apology should be made to the Society by me, and some explanation given, for apparently absorbing an evening and offering you such meagre fare as a single case like this must of necessity provide.

In the first place, as our secretary can inform you, the proper paper for this evening was, through some mischance, unavoidably postponed, and at the last moment, before sending out the notices of this meeting, he asked me to bring forward in the form of a paper this case, which I had hoped at a later date to have shown as supplementary to some other fuller and more interesting subject.

Secondly, we must hope that it may at least originate an interesting discussion, and enable some of us to learn the

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\* Read at a meeting of the British Homoeopathic Society, where the patient was exhibited, March 4th, 1886.

results of work in the same or similar fields on the part of those who may have had more ample opportunities than others of us here to-night of treating such diseases.

The patient, W. A., is a strongly-built and now healthy-looking man, 38 years of age, is married, and has two children, both healthy.

There can be nothing traced in his family history pointing to the idea of his complaint having been hereditary.

The history of the case is this: About eight years ago he first observed a flat blackish spot a short distance below the umbilicus, but did not take much notice of it until, in about twelve months, it had become, as he terms it, a large black wart. Then he consulted a doctor, who burned it with caustic, and after it had broken out dressed it with some ointment. Subsequently it became dry and sore, and so remained for about five years.

Then the patient showed it to another surgeon, who pronounced it a "blood-wart," and told him he could take it out. This he forthwith proceeded to do, using, probably, *nitric* or *acetic acid*; in any case, the application used to burn, and the sore became worse and worse, discharging "water and blood" whenever the *acid* was stopped.

Next, the glands in left groin, etc., began to swell, which led the patient to consult yet another surgeon. The advice now was prompt and decisive. "Excision." Thereupon he went to a leading London hospital, where one of the principal surgeons pronounced it a "melanotic sarcoma," and also advised excision. So, after a week's stay in hospital, the operation was performed under anaesthesia, an enlarged gland being also removed from left groin. The patient was afterwards nearly two months in bed, and four months before he was out of the doctor's hands. While lying in hospital he found another tumour, a few inches to left of the place of operation, and another in right groin; besides which the surgeon found five more.

After leaving hospital, the patient had still to dress the wound, and soon discovered more lumps, one being on left jaw, another on upper lip, to which places I wish to call your attention presently. He then went back to the hospital surgeon, and again a third time when he found a lump growing in his tongue, but was only given a mixture containing *quinine* to take.

Subsequently he found the tumours coming in numbers over various parts of the body, wrist, chest, shoulder and gluteal region, the last two mentioned and that in the tongue being most painful. The largest was under the triceps of left arm, just above the elbow; it was about the size of a walnut. They were all slightly movable to the touch, except one on the right arm.

At this time a chemist gave him some *iodine* to apply locally, but not finding that it had any good effect, and not liking its taste on the tumour of tongue, he applied to the same hospital again, and then came on to the Homœopathic Hospital, where he was treated for a short time as an out-patient. Many of you, gentlemen, may remember to have seen the patient last session when exhibited here by Dr. Blackley; shortly after which time the latter advised him, residing as he did so far from the hospital, to put himself under my care. At that time he had all those tumours mentioned, and was in a low and semi-despondent state, could ill attend to his work—that of a bricklayer—and had lost flesh considerably. I began the treatment with drop doses of *sulphur tinct. fort.*, three times a day, and in about a week ordered *hydrastis*, using the pure tincture in drop doses at first. When next I saw the patient, early in September, there had been no further enlargement of any of the tumours, nor could any fresh tumour be found, but we could not trace any improvement actually as to size of the existing tumours, and I determined to give him a short course of *sulphur*, third centesimal, after which we went on again with *hydrastis*, slightly and gradually increasing the dose.

Now very soon after this, I noticed improvement, and the patient himself independently made the remark to me that he never observed any benefit from the medicine till I gave him what he designated the "watery medicine"; this, of course, referred to *sulphur* 3; the *hydrastis* he always called "the poppy medicine," from its smell resembling *laudanum*. This treatment was continued for some time, but subsequently I gave at intervals short courses of *arsenic*, partly to prevent the tendency to too much relaxation of the bowels when *hydrastis* was pushed more freely, and partly being led thereto by a hint to which I shall refer later on.

About the middle of October, when progress seemed to flag a little, another short course of *sulphur* 3 was given,

and after this, since the state of his bowels and general health permitted, the patient was directed to take the *hydrastis* in hot water and in slightly larger doses. After this but one course of *sulphur* was deemed necessary, and during the succeeding months the tumours steadily disappeared, that on the tongue having been the last to show signs of departing, probably on account of the great vascularity of that part more than for any reason connected with the mobility and constant use of that "unruly member."

When last the patient was examined I could detect no tumour anywhere, but he said he thought he felt the tongue was not quite free yet. I may mention that some time ago his wife told me that his general health and spirits had so much improved that he was able to do his work cheerfully and well, and enjoy life, which had become almost a burden to him.

From having been weak and losing flesh, he has now grown strong and increased 28 lbs. in weight.

I would now draw your attention to site of tumours on the lower jaw and upper lip, where you will observe the hair has become grey, presumably from loss of nutrition, while the blood supply was interfered with by the tumours.

And now we must take a glance at the patient's early history to endeavour to find a cause for this malady, and I only state the facts of the case as related by himself, not venturing to assert that his subsequent troubles arose from that well-intentioned, and perhaps carefully applied infliction, vaccination.

But—tell it not in Leicester, or any such anti-vaccination spot—that little operation was followed by most direful results. He was so ill after vaccination (when a baby) that the doctors "gave him up," and subsequently he became as full of sores as Job in his affliction. For these, after the profession could not relieve him, he was placed under the care of an old lady in Dover, who administered herb-tea for a lengthened period. History does not record whether the old lady received regular pecuniary remuneration, but if she were paid her bill must have been one even the most successful among us might regard with envy, for the patient states that he continued to attend her until the time he can remember going for his brimstone and treacle, with which

time-honoured electuary the old lady wound up her treatment. If the malady of his adult life were really part and parcel of the original ailment of his babyhood, his female adviser appears to have used at least one of the remedies adopted for the disease later on, namely, *sulphur*; but we can never know, I fear, of what herbs the tea she administered was concocted. Yet, I think, we may safely conclude that *hydrastis canadensis* was not among the number, otherwise we might not have had this opportunity of seeing her former patient here to night, so efficacious has it proved in the late attack.

And now, sir, I would anticipate a question which may be asked, namely, "What led me to adopt the treatment in this case?" Well, I must say at once I recollected to have seen, as you all probably have too, a hint as to the use of *hydrastis* and *arsenic* in the concluding pages of *The Laws of Therapeutics* (by the physician to the late Earl of Beaconsfield), where he relates the treatment adopted in some cases which, in all probability, were cancerous (and I think we may call these sarcomata first cousins to the true cancerous tumours).

You will also recollect the collection of experiences with *hydrastis* recorded by Dr. Hughes; among others, that of Dr. Gutteridge, which I may be permitted to quote, as similar results were so well marked in this case.

Speaking of cancer, he says: "I should contend, led by my own experience, that the *hydrastis* treatment is the very best yet known for this dire disease. . . . It improves the appetite and condition of the patient generally; under its use the complexion alters, the state of the blood improves. It marvellously allays the pain and retards the growth of cancer."

Then, as to the use of *sulphur*, we all know the value of an intercurrent course of this agent, as well as the benefit from beginning the treatment of many chronic cases with it; though I now see plainly that I did not give it in the proper dilution at first, and we have remarked already that its effect on the course of the disease was not observable until it had been given later on in a higher dilution. As to the rationale of the use of *hydrastis* in this case, we may say, in the words of Dr. Hughes, "its use cannot as yet be explained, either on antipathic or homœopathic principles. We must know more about the physiological action of the drug on various subjects, and under prolonged use, ere we

can theorise on the point." One word now as to the diagnosis in this case, since we cannot see the tumours now. In the first place, many of you, gentlemen, saw and examined the patient in this place last session; and, secondly, we have the diagnosis as made by an able surgeon in one of the leading hospitals in London, who excised the tumour, and we must presume if there were any doubt in his mind he would have examined it microscopically before pronouncing it, as he did, melanotic sarcoma; in fact, he may have so examined it before deciding. This, and the usual process of exclusion, led me to conclude that the departed tumours were sarcomata.

#### DISCUSSION.

Dr. ROTH congratulated Dr. Shackleton on his successful treatment of the case, and called on the Society to make any remarks.

Dr. DUDGEON thought the case a striking testimony to the power of *hydrastis* over tumours of this kind, though it could not be said that the drug had a homœopathic relation to them, as it had not been known to produce them. He should be inclined to think the tumours were not malignant, but that did not detract from the striking nature of the cure.

Dr. MATHESON said that it appeared to him that the question whether the disease were malignant could not be settled. He thought *hydrastis* had a power over all glandular growths, but that its control over cancer was over-rated.

Dr. RENNER thought it a great pity that no microscopic examination had been made. The multiple character was suspicious, and the recurrence also. He had seen the power of *hydrastis* in an obscure case of tumour which could not be operated on. The patient improved immensely whilst taking it, until he lost sight of her.

Dr. CLARKE had never seen a case of malignant disease cured by *hydrastis* in his own practice, though he had several times seen it arrested, and the pain relieved. He mentioned a case of a large black wart on the abdominal wall of a woman past middle life, which gradually dried up and separated under the persistent use of *sepia* 3, three grains thrice a day. The surface where the wart had been was at first rough, but became quite normal after a time.

Dr. DYCE BROWN was much interested in the case. He said that in all cases of the kind there were sure to be doubts in some minds as to the diagnosis. Dr. Dyce Brown thought there could be little reasonable doubt that this was of a malignant nature. The glands being affected was strong evidence; the surgeon's



diagnosis, the fact of the patient having been seen by members of the Society before, and the ill-health of the patient—all pointed to the same conclusion. Dr. Dyce Brown thought that this multiple form would be more likely to be amenable to internal treatment than the local kind. He thought Dr. Clifton's paper on the pre-cancerous stage of cancer has thrown much light on the action of *hydrastis*. This is the proper time for treatment, and the symptoms of *hydrastis* show a remarkable resemblance to the symptoms of this stage. *Sulphur* and *hydrastis* are just the remedies we should expect to do good in such a case.

Dr. BLACK NOBLE thought with Dr. Dyce Brown we should be very chary of throwing doubt on the diagnosis; the symptom most against it was the long duration. He had a case of epithelioma of the cervix uteri. Dr. Granville Bantock confirmed the diagnosis, and said the case was too bad for operation. Under *ars. iod.* 8x the patient was perfectly cured. Dr. Granville Bantock now thinks he *may* have made a mistake in his diagnosis; he however did not think so. Vaginal injections of Condy's fluid and water were used locally, and nothing else.

Dr. BLACKLEY (who as Secretary had some difficulty in providing a paper for March) thanked Dr. Shackleton for coming forward and filling the gap in such an interesting and able way. Dr. Blackley thought the diagnosis could not be well doubted, the patient having been seen here by so many members. For his part, he had not the smallest doubt of its correctness. He would feel it a duty to give *hydrastis* in the next case he had. He felt with Dr. Matheson that the action of the drug in cancer was not so satisfactory as some made out; but he also agreed with Dr. Clarke that much improvement is very often effected. He thought there was much to be threshed out in this field. If (as he had often proved) *Thuja* would cure warts or *iodide of arsenic* epithelioma, there is no reason why all growths should not be amenable to internal treatment.

Dr. ROTH (in the chair) was surprised that no remarks were made as to the supposed cause—vaccination. He asked whether a cachexia was not produced by the vaccination, which was like a seed bringing forth morbid growths in different parts.

Dr. BATAULT questioned whether there was any syphilis in the case.

Dr. SHACKLETON (in reply) said that the position of the tumours precluded the possibility of the origin being in the glands. The cachexia seemed to indicate malignancy. He had had great success with *Thuja* in curing warts. He thought that for us to say that things were not curable because *we* could not cure them was presumption. He had thought of syphilis, but could not prove anything on this head.

REMARKS ON *APIS MELLIFICA*.

By E. A. FARRINGTON, M.D.\*

FOR this remedy, we have two names, according to the manner in which the preparation is made. It is either *apis mellifica*, the honey-bearing bee, or *apium virus*, the poison of bees. The original preparations of the remedy were made in this manner: a large white dish was placed under a bell jar, in which there was a perforation through which a stick was inserted. Several hundred bees were then placed beneath the jar. The stick was then moved about, and, irritating the bees, caused them to sting the jar and the dish. After a while the bees were allowed to escape, and on the bell jar and plate were seen numerous specks. Alcohol was poured over these, and thus we obtained a powerful extract of the poison of the bee. This is *apium virus*. Subsequently the whole bee was used. Triturations were made of the entire insect. Thus we obtain *apis mellifica*. The symptoms of the two preparations have not been separated. *Apis mellifica* is a comparatively new remedy, and is an invaluable acquisition to our *Materia Medica*. In order to understand its symptomatology, let us look at its toxicology. Take, if you choose, a sting on the hand or finger as an illustration. Just after the sting, which causes a sharp sticking or burning pain, there commences, quite promptly, swelling of the part, which swelling at the start is extremely sore. The part feels as if it had been bruised or pounded. The swelling at first was a rosy pinkish hue. It spread very rapidly; the pains become intense. They are of a burning, stinging, or shooting character, seldom throbbing. Heat of the part increases with the burning and stinging pains. This may end very speedily in resolution or it may go on. If it pursues the latter course, you will notice that this redness, this rosy appearance becomes more intense, in fact assumes an erysipelas appearance. Still later, it changes its colour and takes on a pale but bluish hue, the swelling pits on pressure showing that the parts are œdematous. After a while, if the condition of the system is such as to permit, gangrene

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\* These "remarks" constituted one of the late Professor Farrington's lectures on *Materia Medica* at the Hahnemann Medical College, Philadelphia. For them we are indebted to Dr. Clarence Bartlett, by whom they were taken down in short hand.

of the part takes place. The inflammation produced by *apis* is not then of a sthenic type. It is not, for instance, such as would be cured by *aconite*, quick, sudden swelling of the part coming on rapidly and ending in resolution; not such as would be cured by *belladonna*, bright red swelling with throbbing pains, but ending either in resolution or suppuration; but *it is* such as goes to destruction of tissue. We have learned now that *apis* must be of use in several kinds of disease; first in erysipelas; secondly, in dropsies; and thirdly, in gangrene. The inflammation of *apis* differs from that of *belladonna*, in that *apis* usually attacks the surface. In sore throat, *apis* and *belladonna* look alike; both have erysipelatous tendency, and a bright rosy hue to the affected part. But *apis* does not pass on to suppuration, but ends either by resolution or in superficial ulceration of the mucous membrane of the mouth and throat; whereas the inflammation of *belladonna* may go on to suppuration. The reason for this difference is as follows: As has already been suggested, *apis* attacks the surface and seldom the parenchyma, and seldom gives rise to suppuration.

I have already hinted that *apis* might be of use in dropsies. The symptoms calling for it are briefly these. In general dropsies, we find it indicated by the peculiar appearances of the surface of the body. There is a sort of waxy hue to the skin; the skin has a transparent look, with a whitish or perhaps a slightly yellowish tinge. The urine is scanty, and there is almost always absence of thirst. The characteristic symptoms are the transparency of the skin and the thirstlessness. Now as to cause. *Apis* is especially useful in dropsies of renal origin, whether the result of scarlatina or not. The urine is scanty and highly albuminous, and contains casts of the uriniferous tubules. There is a swelling about the eye-lids. The surface of the body feels sore and bruised; in some cases, the pain is of a burning character. If the dropsy is of cardiac origin, the feet are œdematous, especially after walking. This is attended with almost intolerable soreness and burning.

Even when the dropsy has invaded the chest and we have hydrothorax, *apis* may be the remedy, especially when the trouble is of cardiac origin. The patient is unable to lie down. He has the same constrictive feeling about the chest that we find under *lachesis*. He has a dry cough which seems to start from some place in the trachea or

larynx, usually the trachea, the cough not ceasing until a small quantity of phlegm is loosened. Thus far the remedy is exactly like *lachesis*. But *apis* has in addition to these symptoms a mental symptom which comes from the chest, and that is a constant feeling as though they could not live. It is not that feeling of dyspnoea, but it seems to be a sort of anguish of mind that the patient cannot understand how it would be possible for him to get another breath, so great is this suffocative feeling. Often associated with these chest symptoms, the patient has a strange feeling as though he was going to die, but to distinguish it from *aconite* in febrile states and *arsenic* in hydrothorax, there is no fear of death.

In pleuritis with exudation, *apis* is one of the best remedies we have to bring about absorption of this fluid. *Apis* and *sulphur* will cure the majority of these cases.

*Apis* also acts on the synovial membranes, giving you a perfect picture of synovitis, particularly when it affects the knee. It is indicated when there are sharp, lancinating, stinging pains shooting through the joint, with aggravation from the slightest motion.

We have still another form of dropsy in which *apis* is a remedy, that is, dropsy of the brain, what used to be called hydrocephalus. It is not so often indicated in the true hydrocephalus, that is when from some mechanical cause there is inflammation set up in the membranes of the brain, followed by accumulation of serum in the brain; but it is in tubercular meningitis in which this remedy is useful. *Apis* is here indicated in the first stage. The symptoms which call for it, are these: The child bores its head backwards into the pillow, and rolls it from side to side; every little while the child arouses from sleep, with a shrill, piercing cry. This peculiar shriek is due to pain. In addition to this cry, the child is usually convulsed; one side of the body is convulsed, and the other lies as if paralysed. Strabismus shows itself. The pulse is rapid and weak, and the urine is scanty. Now there is no remedy which can do any good in this stage if *apis* does not. In some cases, there is a peculiarity of *apis* which I should mention, and that is slowness of action. Sometimes you will have to wait three or four days before you notice any effects from its administration. The favourable action of the remedy is first shown by increased flow of urine.

In dropsies, *apis* may be compared first of all with *arsenicum album*, which has the same transparency of the skin, and is also of use in dropsies of renal, cardiac, or hepatic origin. The differences between the two remedies are these: First, *arsenicum* has intolerable thirst, usually drinking but small quantities at a time, because water annoys the stomach. Eating and drinking cause vomiting. I have seen cases in which even a single teaspoonful of medicine provoked vomiting. The patient exhibits marked restlessness.

Another remedy for comparison is *apocynum cannabinum*. This is much used in the West for general dropsies, for swelling of any part of the body, ascites, hydrothorax, &c., usually without any organic disease as a cause. The patient cannot tolerate any food. Food or water is immediately ejected. There is a sunken, gone, exhausted feeling at the pit of the stomach.

The next remedy similar to *apis* is *acetic acid*. This is useful in dropsies when the face and the limbs too have this waxen or alabaster appearance. It is especially indicated when the lower parts of the body, the abdomen and limbs, are swollen; hence it is useful in ascites. Thus far, it is similar to *apis*. But it has thirst, which *apis* has not, and there is almost always gastric disturbance present, sour belching, water-brash and diarrhoea. *Acetic acid* is an undeservedly neglected remedy in dropsy. You see how it stands between *apis* and *arsenicum*. It differs from both of these remedies in the preponderance of gastric symptoms.

Now, in hydrocephalus, the most similar remedy to *apis* in the stage of exudation is *sulphur*. *Sulphur* is indicated more on general principles than for its particular affinity for the meningitis. Tubercular meningitis cannot occur in an otherwise healthy child. There must be a diathesis at the bottom of the trouble. *Sulphur* helps in the same stage as *apis* when *apis* fails to bring about a reaction, particularly when the child is scrofulous and has other *sulphur* symptoms. The child lies in a stupor, with cold sweat on the forehead, with jerking of the limbs, particularly of the legs, with spasms of the big toes and sometimes of the thumbs also. The urine is suppressed. *Sulphur* is all the more indicated if there had been a retrocession of some eruption before the disease had displayed itself.

*Helleborus* is also similar to *apis* in hydrocephalus. *Apis* is useful while there is still some irritation of the brain as

indicated by the cephalic cry. *Hellebore* is indicated when torpor predominates, when the child lies wholly unconscious. The eyes do not react to reach the light. The urine is suppressed. There is automatic motion of one side of the body. You will notice, too, a peculiar corrugation of the muscles of the forehead, particularly the occipito-frontalis. In milder cases before the stupor is profound, you will find *helleborus* indicated by these symptoms. This corrugation of the muscles of the forehead is present, together with a constant chewing motion of the mouth. The child seems to have no wants. It asks for nothing; yet, when given water, it drinks with avidity.

Now, a word respecting the differences between *belladonna* and *apis*. *Belladonna* is not usually indicated in tubercular meningitis. It is the remedy above all others for the simple meningitis but not for the tubercular form of the disease. *Belladonna* is the very essence of acuteness in its symptomatology. Every symptom appears suddenly and with great intensity. Tubercular meningitis is a slowly developed disease. However, if the premonitory symptoms are violent, you may use *belladonna* in tubercular meningitis in the stage of hyperæmia with acute pains, restless, tossing about, crying out in sleep, and boring the head into the pillow, but it ceases to be the remedy when the exudation is established. The range of *belladonna* is at an end when that of *apis* begins.

There is another remedy which sometimes comes in between *belladonna* and *apis* and that is *bryonia*, which acts on serous membranes, causing copious exudation. It is indicated after *belladonna*. The child becomes more stupid from increased pressure on the brain. The face suddenly flushes up and then pales off, usually a bad symptom. The child cries out particularly when moved in the least, this is a characteristic symptom. The child is stupid, the abdomen distended and the tongue is usually coated white down the middle. So much for *apis* and its concordant remedies in dropsies.

The next use we may make of *apis* is in erysipelas. It is useful in erysipelas particularly of the face when it commences under the right eye or about the eye and spreads thence across the face to the left side, the parts quickly becoming œdematous and at first assuming a pinkish rosy hue. The soreness becomes more severe, and burning stinging pains follow. There is high fever with dry skin

and usually thirst. Now if the disease is not checked and the face assumes a purplish livid hue, *apis* may be indicated in phlegmonous erysipelas, which dips deeply in the connective tissue and ends in the destruction of the part. The concordant remedies of *apis* in erysipelas are several.

First of all, *belladonna*. The difference lies in this: *Belladonna* is indicated in bright red swelling of the face (the smooth form of erysipelas). There is not much tendency to œdema or to the formation of vesicles. The pains are almost always acute with throbbing in the affected parts. The brain almost always sympathises markedly, giving you throbbing in the head, visions as soon as the patient closes his eyes. The patient jerks in his sleep. The pulse is full and hard.

Another remedy, and one too more similar to *apis* than the *belladonna*, is *rhus tox*. You should be particular in differentiating these remedies, because they are inimical, and one cannot be given after the other. Under *rhus tox* the colour of the face is dark red, and not the bright red of *belladonna* nor the rosy or purplish livid hue of *apis*. There is almost always a formation of blisters which burn and sting, and which are distinguished from those of *apis* by the preponderance of itching. Under *rhus tox* the disease usually travels from left to right when attacking the face.

*Lachesis* may be similar to *apis* in some cases when the face is bluish. But the other symptoms will enable you to decide.

*Apis* may be of use in urticaria, when there suddenly appear on the surface of the body long pinkish white blotches raised above the skin. The itching, burning and stinging are almost intolerable. They may come as a result of cold or during the course of intermittent fever.

Here *apis* is similar to *arsenicum*, which also produces hives, and to *urtica urens*. This last remedy is indicated in hives when they are in not so large welts as in *apis*. The itching and burning are intolerable. It is especially indicated when the disease has been produced by eating shellfish.

*Apis* may be used in rheumatism, whether it is of articular or muscular origin. It is more frequently indicated in articular, or what is commonly called acute inflammatory, rheumatism. You will find the affected parts feeling very stiff and exceedingly sore to any pressure, and often with a

sensation of numbness. The joint or joints affected are swollen and give the patient a kind of "stretched tight feeling." It is rather pale red in colour, and there is often some fluctuation about the joint. There are burning, stinging pains worse on any motion.

*Apis* is useful in febrile conditions. It produces an intermitting type of fever, and it may, therefore, be used in intermittent fever. It is particularly useful when the chill comes at three o'clock in the afternoon. There may be thirst or there may not. But there is oppression about the chest, with a feeling as if it was too full, which it really is, there being congestion of the thoracic viscera. This chill is followed by burning heat of the whole body, with increase of this oppressive feeling of the chest. The heat is followed by sweat which may, however, be imperfect. There is never any thirst during the sweat. That is characteristic. During the apyrexia many characteristic symptoms are present. The patient often complains of pains under the ribs on either side. The feet are swollen and œdematous, the skin is sallow or waxen, the urine is scanty and urticaria is present. So you see that it is indicated in rather severe forms of the affection, when excessive use of quinine has spoiled the case, and in chronic forms which have undermined the general health and produced disease of the liver, spleen, &c.

The most similar concordant to *apis* here is *natrum mur.* This is indicated in exactly the same type of intermitting fever as *apis*, the difference between the two remedies lies in the time of appearance of the chill, at ten o'clock in the morning in the case of *natrum mur.*, and at three o'clock in the afternoon in the case of *apis*.

In typhoid types of fever *apis* is sometimes indicated. We select it first of all by the mental state. The delirium is not of an active type; the patient lies in a stupor with muttering; the face is either flushed red or more frequently pale and waxen, at other times there is a happy expression to the face. The skin in this type of fever we will find to be burning hot in some places while in others it is unnaturally cool; the cutaneous surface is almost always dry; should there be any sweat it is almost always of a transient character; the prostration is so great that the patient slides down in bed, he cannot exercise sufficient muscular force to retain his position on the pillow. The tongue is dry and red and like that of *lachesis*, it catches



on the teeth when the attempt is made to protrude it, and trembles; you often find, too, that there may be a whitish or darker coating on the dorsum of the tongue, while the edges, especially about the tip, will be red and covered with little blisters and vesicles.

In these cases, *apis* resembles *muriatic acid*, which has this prostration, but it has the characteristic acid diathesis.

In scarlatina, *apis*, as you may have already anticipated from what I have said of the remedy, may be indicated. It is not often the remedy in the Sydenham variety of the disease, in which *belladonna* is so frequently indicated. But it is of use where the eruption is interspersed with a miliary rash. Here, too, we find the same defective effort on the part of nature to get up a fever. The body is very hot in some places and cool in others. The rash is deep red in colour, very much like that of *belladonna*, but differing from that remedy, you remember, in the presence of this miliary eruption which *belladonna* does not produce. The child is drowsy, sleeping most of the time, or he is drowsy but cannot sleep. This symptom you must remember, because it is identical thus far with one of *belladonna*. Associated with this sleepy or wakeful state the patient is fidgety and restless. You notice, too, that he is peevish, and manifests every symptom of being very irritable.

This restless state of *apis* must be distinguished from those of *rhus tox* and *belladonna*. In *rhus tox*, it is a general restless state of the whole body and mind too. The patient lies first on one side of the body, and then moves to the other. This is not associated with the *arsenic* anxiety. The general feeling is a desire to move about. In *apis*, it comes from a general nervous feeling.

The inability to go to sleep in *belladonna* comes from inflammation—a congestion of the brain. The hyperæmia gives you this drowsy state, and the brain is so exhausted that the patient cannot go to sleep.

In addition to the symptoms already mentioned for scarlatina, we have *apis* further indicated, when the condition advances to effusion of serum about the brain. The throat symptoms are unimportant. You often find diphtheritic patches on the tonsils. The throat inside is swollen and rosy red, while externally it is engorged, with erysipelatous blush to it. *Apis* may also be used late in the disease for the sequelæ, that is when the kidneys become affected and dropsy appears with albuminuria.

Again we find *apis* indicated in diphtheria, and I think that the remedy is indicated in the genuine disease. From the very beginning the child is thoroughly prostrated. There is not much fever; in fact there is a suspicious absence of heat. The pulse is rapid but not strong. At first you find the throat having a varnished appearance, as though the tonsils and fauces particularly were coated with a glossy red varnish. The membrane forms on either tonsil, oftener on the right than on the left, and it is thick looking like wash leather. The tongue is often swollen so that the child can scarcely swallow. If the child is old enough he will complain of a feeling of fulness in the throat which necessitates swallowing, but makes it very difficult. The explanation of this is found in the next symptom, that is the uvula is swollen and œdematous, consequently there is a feeling of fulness. If you examine the throat thoroughly you will find the rim of the glottis swollen, red and œdematous, making the breathing very difficult. Breathing is laboured owing to the narrowing of the entrance of the larynx. In some of these cases the breath is very fetid, while in others there is little or no fetor. In still other cases you will find as characteristic of *apis* a red rash over the surface of the body and this rash at first makes you think you have a case of scarlatina. We find the external throat swollen and erysipelatous. Now, there are several remedies similar to *apis* in diphtheria. One of them is *arsenic*.

*Arsenicum* is indicated in rather severe cases of diphtheria, as you might expect, when the throat is very much swollen, inside and outside, when the membrane has a dark hue, and there is great fetor. There is thin exco-riating discharge from the nose. The throat is œdematous, just as it is in *apis*; the patient is restless, especially after midnight; the urine is scanty, and the bowels are either constipated or else you have offensive watery diarrhœa.

In still other cases, when, despite the dark purplish hue of the throat, and the great swelling and great prostration, there is not much pain, *natrum arsenicosum* is the remedy. Here, the uvula hangs down like a sac of water.

Still another remedy is *kali permangan*. This remedy, which is seldom used in the high potencies, is indicated when the throat inside and outside is swollen, the membrane in the throat is horribly offensive, the throat œde-

matous with thin discharge from the nose. The great characteristic is the extreme fetor.

Now, the action of *apis* on the genital organs. *Apis* is often indicated in diseases of the female organs. Nearly all the provers experienced symptoms referable to the uterus and ovaries. It must be given cautiously during pregnancy, because if given in low potency and frequent doses it may bring about a miscarriage especially before or at the third month, because *apis* produces bearing down in the uterus. We may use it in amenorrhœa when we have congestion to the head as a result with bearing down in the uterine region without the appearance of the menses. Particularly is it indicated in girls at the age of puberty, when they are somewhat hysterical with this amenorrhœa; they are nervous and awkward, it is not a natural awkwardness but one that comes from inco-ordination of the muscles. With these symptoms there is flushing of the face.

We may also use *apis* in affections of the ovaries, especially of the right. It holds the same relation to the right ovary as *lachesis* does to the left. It is indicated in ovaritis with extreme soreness in the right inguinal region, together with burning or stinging sensations, and some tumefaction directed either over the pelvis or more characteristically through the rectum or vagina.

In ovarian cysts, *apis* is an excellent remedy to control the trouble, especially in the incipient stages. We have here, in addition to the burning and stinging pains, numbness down the thigh and over the right side of the body, feeling of tightness across the chest, with cough. This is not a symptom of lung disease, but is reflex from the uterus.

Now there is a combination of honey with salt, known as *mel cum sale*. This was for years a popular remedy in Germany for bladder troubles and for diseases peculiar to women. I have used this remedy in prolapsus uteri and even in chronic metritis, especially when associated with sub-involution and inflammation of the cervix. The special symptom which leads you to the remedy is a feeling of soreness across the hypogastrium from ilium to ilium.

*Apis* may be of use in diseases of the eyes. I have had several cases of asthenopia cured by this remedy when reading causes smarting in the eyes, with lachrymation and itching of the eye-lids and some burning and stinging. *Apis* is also a remedy for staphyloma, whether of the cornea or sclerotic.

It now only remains for me to speak of the intestinal symptoms of *apis*. It may be of value in diarrhoea, such, for instance, as comes on during the course of typhoid fever or scarlatina, or as the result of the debilitating influence of continued heat.

You will find it useful in the diarrhoea of children who are very much debilitated. There is generally present irritability of the brain, with the condition known as hydrocephaloid. The symptoms are much like those indicating *apis* in hydrocephalus. The child awakens up with a scream. The stools are thin, watery, yellow in colour and usually worse in the morning. At every motion of the body the bowels move as though the anus had no power. The stools may or may not be offensive.

It differs from *bryonia*, which has morning diarrhoea worse from motion; in that under *apis*, the motion aggravates, not because of its general effects, but because the anus is so uncertain.

In bad cases you will find the urine scanty.

*Apis* may also be thought of in *panaritium*. The finger swells rapidly with tense glossy red surface and violent burning, stinging pains.

In this respect, *apis* is very similar to *sulphur*, and may be followed by *sulphur* when its action is imperfect.

In closing, let me ask you to remember the relation of *apis* to *arsenic*, *acetic acid*, *belladonna*, *rhus* and *sulphur*. Remember also its inimical relation to *rhus tox*.

## ON NASAL CATARRH, CORYZA, OR COLD IN THE HEAD.\*

By D. DYCE BROWN, M.A., M.D.

GENTLEMEN.—This very common affection may be thought almost too trivial for notice, but when we consider that in many people with bronchial susceptibilities a cold in the head may mean the almost certain precursor of an attack of bronchitis, or even of pneumonia, the successful treatment of a nasal catarrh becomes a matter of importance. The exciting causes of nasal catarrh are, as the popular name implies, usually exposure to cold or damp, or both com-

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bined, those who have sensitive mucous membranes being specially susceptible to it; while, in warm weather one of the most frequent causes is being over-heated, and allowing the skin to be suddenly cooled while in a state of perspiration.

The *pathology* of nasal catarrh is an epitome of what occurs in the course of inflammation of all mucous membranes. The Schneiderian membrane becomes congested, tumefied and dry in the first place. This is followed by a stage of increased secretion, which is at first thin and watery, but afterwards becomes thick, tenacious, yellow or green in colour, and muco-purulent in character. After this stage has lasted more or less long the congested state subsides, the discharge lessens, and the membrane returns to its normal state.

The *symptoms* and *course* of nasal catarrh are much as follows: It is usually ushered in either by a distinct rigor, or by a chilly feeling, or a sensation of cold running down the back. A more or less febrile state ensues. In a smart case the pulse and temperature rise, and all the symptoms of catarrhal fever exist; while in a milder case, there may be only dryness of the skin, and of the mouth, and a hot, restless feeling at night. The nose feels as if stopped up; sometimes in both nostrils, but usually only in one at a time. The obstruction due to the tumefaction of the congested mucous membrane prevents the patient breathing through the nose, hence the peculiar nasal tone of voice, especially in pronouncing such letters as *m* or *n*; and hence also, partially at least, the dryness of the mouth from the necessity of breathing entirely through it. There is usually a heavy, full feeling about the root of the nose, and across the forehead, owing to the involvement of the membrane lining the frontal sinuses, and often a heavy, dull, or throbbing frontal headache. Sneezing is a constant symptom in this stage. After a time, sometimes almost immediately, there follows a discharge of mucus, which may take the form of profuse, thin, watery secretion, accompanied by much sneezing, keeping the patient constantly using his pocket-handkerchief. This watery secretion may be bland, or it may be very irritating, causing redness, soreness and swelling of the *alæ nasi* and of the upper lip. In such a state the conjunctiva is often considerably inflamed, as shown by the red, ferrety appearance of the eyes and the profuse flow of tears, which, like the nasal secre-

tions, may be bland, or so irritating as to cause redness and swelling of the lids and cheeks. In other cases the discharge is thick, greenish and muco-purulent from the early stage. The appetite is usually impaired, the taste altered or gone, and the sense of smell altered or quite absent. If the catarrh spread along the posterior nares to the pharynx the orifices of the Eustachian tubes may be blocked, causing deafness. There is a sense of general *malaise* or lassitude, with disinclination for work, mental or bodily.

Coming now, gentlemen, to the *treatment* of nasal catarrh, the two medicines suited to the early stages are *camphor* and *aconite*. In homœopathic works *camphor* is usually recommended in the initial stage, with the view of checking or abating the catarrh, and it often is completely successful in so doing. It is a medicine that acts rapidly, and in medicinal doses is what the old school term a "diffusible stimulant." But this is only in small doses, as, like all homœopathic medicines, it is the very reverse of stimulant in large doses. In full doses it causes general depression, shivering, pale face, cold extremities and coldness all over, with slow, weak pulse, going on to complete collapse. This is followed, when the dose is not too large to permit of reaction, by a complete picture of febrile catarrh. The person feels languid and "all-overish;" he has vertigo, frontal headache of a full, heavy or throbbing character, the eyes feel hot, lachrymation is increased, and the conjunctivæ are red; the nose is first obstructed, then discharges freely with sneezing and itching in it. The mouth is dry and with a bad taste in it, the appetite is gone, and the pulse from being slow and feeble becomes quick and full; the urine is hot in passing, and the cold skin is succeeded by a dry, burning one. The homœopathicity, therefore, of *camphor* for a nasal catarrh in its early stage is complete, and though usually prescribed only in the anti-febrile stage, it is homœopathic also to the complaint though it has passed beyond this and a febrile condition is present.

Practically, however, *camphor* is found not to be so useful after the *earliest* stage is past. The time then to prescribe it is when the very first sensations of chill or chilliness are felt, or when the patient "feels he has caught cold." If given then at intervals of half-an-hour for four or five doses, there is every probability that the catarrh will be checked at once. As to the dose, *camphor*

is a medicine which, even by Hahnemann and by universal usage since, is used in "tangible" doses. It may be given in drop doses of the saturated tincture known as "Rubini's" *camphor*, or in 2 drop doses of the 1x dilution. In either case it should be administered on sugar, as *camphor* is insoluble in water in that strength.

The other remedy I have named, *aconite*, is still more valuable under similar circumstances, meeting as it does both the chilly and the febrile stages, and having won its laurels specially in the latter. For myself, I almost invariably prescribe *aconite* in place of *camphor*. In an early lecture I described the general action of *aconite*, pointing out that it primarily produced a state of chill and depression of the system generally, and that this was followed by the reverse condition of febrile heat, dry skin, rise of pulse and temperature, with feeling of general uneasiness and anxious restlessness at night, and that this was generally followed by perspiration; and that it was owing to its power to produce this state of chill, followed by fever and perspiration, that it owes its remarkable power in removing catarrhal fever.

Its relation to nasal catarrh is shown in the provings by the production of dryness in the nose, followed by watery coryzal secretion, and accompanied by full, tight, frontal headache at the root of the nose.

The time, then, for the administration of *aconite* is in the earliest stage, when the first sensation of chill, or of having "caught cold" is felt. If administered then in drop doses of the third centesimal dilution every hour up till bed-time, the probability is that the patient will perspire, and wake in the morning with the catarrh gone. The second dilution also answers well. But even if this stage has gone by, and the febrile state has actually developed, *aconite* is equally, or even more, indicated. Given in the same way, the same result is frequently obtained, or at least the feverish feeling is absent. I have myself, numbers of times, aborted a cold in this way, and you will have frequent opportunity in your own persons of testing this valuable and simple mode of treatment.

But if the case has gone on to a fully developed catarrh before advice is sought, then other medicines are required. If there is still decided fever you will still give *aconite*, alone, for a day, or, as is frequently done with advantage, with one of the following remedies in alternation.

The selection of these will depend on the symptoms in the given case. (1.) If the cold is a "dry cold," that is, when the nostrils are stopped up, and little or no discharge is coming, *nux vomica* is often recommended in books, but it seems to me not so well-indicated or so successful in results as *apis*. I shall have to point out in describing the pathogenetic action of this medicine, that it has the power of producing what Dr. Hughes describes as an "acute inflammatory œdema," and that this condition of œdematous inflammation is seen in the mouth, throat, larynx, &c. This is probably the character of the congestion of the nasal mucous membrane, which results in the dry stuffed feeling. And if you look up the provings of *apis* you will see that the nasal condition is just that dry, stopped up, swollen condition, with little or no secretion, and frequent sneezing. Practically, you find it excellent in this state. I should give it in the 3x dilution, a drop every two or three hours.

But (2) if the catarrh is a "running cold," where the discharge is profuse and watery, with frequent sneezing, accompanied by a dull frontal headache and lachrymation, but where the nasal and lachrymal secretion is not decidedly irritating, *mercurius* stands first in importance. The fuller sketch of the pathogenetic action of *mercury* I reserve at present, merely pointing out here the well-known fact of the action of this drug on mucous membranes in general. Its action on the nasal mucous membrane is well seen in the provings, especially in that of *mercurius solubilis*, *corrosivus*, and the *biniodide*. There we see heat, swelling, and redness of the mucous membrane, with free watery secretion, sneezing, heat of the eyes, lachrymation, and dull frontal headache. If with these symptoms other mercurial indications were present, such as yellow-white coating of the tongue, bad or bitter taste in the mouth, involvement of the pharynx in the catarrh, loss of appetite, and general *malaise*, still more distinctly will *mercurius* be called for. The effects of this medicine are most beautifully seen in such a case on the nasal catarrh and the accompanying conditions. Give the *merc. sol.* in the 6th centesimal dilution every two or three hours, or in severe cases every hour, and you will be delighted with its results.

In a somewhat similar state the *esphrasia officinalis*, or "eye-bright," is often of marked use. It has long been known as a domestic remedy in catarrh of the conjunctiva



and other eye conditions, hence its popular name; and this fact really indicates its special place as a remedy in nasal catarrh. In looking at the provings one is struck, in the eye and nose symptoms, with the profuse watery secretion which is produced and is so characteristic of the drug. The nose pours forth watery fluid, accompanied by sneezing, while the eyes feel hot, the lids are red, and the tears run profusely. Such then is the case for *euphrasia*, the involvement of the eyes, with profuse lachrymation, being a prominent symptom. It is usually given in the mother tincture in drop doses. I myself generally give 3 to 5 drops every two hours. I have done so ever since a case occurred to me a number of years ago. A lady to whom I had prescribed drop doses every two hours, and who had dropped 10 or 12 drops into a half tumblerful of water, became impatient after having taken four or five dessert-spoonfuls, as she saw no improvement, and drank off the whole at once, with the result of curing her catarrh at once.

But (3) another form of nasal catarrh requires *arsenicum*. The irritant action of this drug on the whole mucous membrane, from the eyes downwards, is well known, and will have frequently to be referred to in these lectures, and in the proving its action on that of the eyes and nose is fully brought out. There is profuse flow of tears and of watery secretion from the nose; but the characteristic feature of this, which is prominently brought out in the pathogenesis, is that the watery secretion from the nose and also from the lachrymal sacs is *hot, burning, and corrosive*, causing soreness and redness of the eyelids and cheeks, and also of the *alæ nasi*, the inside of the nose, and the lips. The nose is visibly swollen, and the conjunctiva of the eyes is red, with a burning sandy feeling in it. Hot burning, or burning pain, with a profuse watery corrosive secretion, are characteristic of *arsenic* everywhere. Usually with this form of coryza there is heavy dull headache and much sneezing, the patient feels weak and depressed, and sleeps restlessly and feverishly at night. These are marked *arsenic* symptoms, and if they are present, and especially if there is a clean or red tongue, with thirst and loss of appetite, the selection of this remedy is clear. You will be delighted with the rapid and decided effects of *arsenic* in such cases. It acts well in almost every dilution—the 30th in sensitive patients,

the 6th, the 3rd or 3rd decimal. The most generally useful dilutions are the two latter; one drop every two or three hours, as the severity of the case may require.

In cases where *mercurius* has been given for the indications already stated, but when from some reason it fails to cure, and the watery secretion continues, *arsenic* will almost infallibly set matters right very quickly.

I ought here to mention a remedy which is rarely used by us, owing to our preference for the other medicines named, but which is very homœopathic to watery nasal catarrh. This is *kali. hydriodicum*, or *iodide of potassium*. Its power to develop nasal catarrh of the watery type is well known; in fact, patients taking it in old-school doses, not unfrequently find a smart watery coryza coming on unexpectedly. Where it has been used it has answered well. It may be given in the 3rd or 2nd decimal trituration.

(4) When in nasal catarrh the secretion becomes thick and muco-purulent, and considerable in quantity, the attack is usually passing off. If treatment is required in this stage *mercurius* may be given, or *pulsatilla*, especially in females of the *pulsatilla* type or temperament. The relation of *pulsatilla* to mucous catarrh with free mucous, or muco-purulent secretion, I shall frequently have to refer to, with its special affinity for blonde females, and if the smell is gone or altered, the tongue white, with bad taste and risings, and want of appetite, or nausea are present in a woman the subject of nasal catarrh and secretions of the above character, *pulsatilla* will probably remove entirely the whole catarrhal state, stomach, nose and all. It may be given in the 3rd, 3rd decimal or 1st decimal dilutions.

A coryza will, however, not unfrequently, when left alone, especially in those liable to mucous catarrhs, become chronic, and cases come to us after it has lasted perhaps for weeks. In such we almost invariably find that the catarrh is not confined to the nares, but involves the pharynx, and the larynx even, causing coughing or hawking up of phlegm from the throat and windpipe.

In these cases three remedies are of especial value, *mercurius*, best in the form of the *biniodide*, *kali bichromicum*, and *lycopodium*, and I may add a fourth, *arsenicum iodidum*. The relation of *mercurius* to the nose I have already pointed out; its relation to the pharynx and the upper part of the windpipe I shall have afterwards to refer to

The indication then for *merc. biniod.* is the existence of chronic nasal catarrh, with free thick secretion, removed by the pocket-handkerchief or hawked down from the posterior nares into the throat; a feeling of dryness or uneasiness, with fulness in the back of the throat, with a dusky redness of the pharynx, which is dry in the morning, but is seen during the day with mucus adherent to it; when there is frequent hawking or coughing up of muco-pus, especially during dressing; a white-yellow tongue, bitter taste, poor appetite, especially in the morning, with indications of sluggish liver, as shown by the pale colour of the stools. The 3rd decimal trituration of *merc. biniod.* will here produce a rapid cure. *Kali bichromicum* has at least one characteristic indication in all parts of the mucous membrane affected by it, viz., the secretion of tough, stringy, tenacious mucus or muco-pus. This I shall have to point out again in speaking of pharyngitis, laryngeal catarrh and bronchitis. And this, in the disorder I am treating of, becomes a leading indication. I might have named this drug as one for acute coryza, when its special indications are present; but it is more in chronic cases that its laurels have been won. The indications then for *kali bich.* are: (1) the existence of chronic nasal catarrh, when the secretion from the front of the nose is so tenacious as to require severe blowing to detach it; and (2) when, either with this state or without it, hard crusts form in the nostrils, which are painful to detach, leaving a sore red surface when separated. These crusts, or "clinkers" as the workmen in chrome term them, are also very characteristic of the medicine. The secretion from the posterior nares is hawked downwards into the throat with difficulty, owing to its stringy tenacity, and on looking into the throat one may see long strings of mucus adherent to the pharynx, and extending up into the posterior nares. The pharynx is red and granular, the secretion here being so tenacious as almost to cause retching in detaching it. The same stringy, tenacious secretion may be coughed up from the windpipe, while in the morning, or after talking, the voice feels husky or hoarse, showing the involvement of the larynx. *Kali bich.*, as I shall often point out, markedly affects the stomach and liver. So that if, with the above state, the tongue is coated of a brown slime (the typical tongue of *kali bich.*), if there is loss of appetite, a sense of nausea, and a disordered action.

of the liver, pale stools, &c., the selection of the medicine is easy. I generally use it in the 3x trituration, one grain three times a day. The 3rd cent. acts well, as do other dilutions, but the 3x is an excellent "working" strength. The value of this medicine in such a case soon becomes perceptible in progress towards cure.

*Lycopodium* is an inestimable remedy in chronic mucous catarrh. In another place I shall sketch fully its action. Here I merely point out its value in all chronic mucous catarrhs, its special relation to a depressed, sluggish state of the system generally—a state of "venosity," as it has been termed—showing itself by catarrh in the nose, pharynx, larynx, or bronchi of a chronic type, gastric catarrh, with loss of appetite and white slimy tongue, especially at the back, acid risings, and bad taste; sluggish liver, with pale, constipated stools, abdominal flatulence causing distension, and urine full of lithates. The patient has a sallow face, looks "liverish," and feels languid and depressed. The abundant deposit of lithates is always, in my experience, a characteristic symptom of *lycopodium*. A chronic nasal catarrh with these concomitants more or less fully present will rapidly give way to *lycopodium*, and with it the entire catarrhal disorder. The dilutions Nos. 6 and 12 are most generally employed, but my own decided preference in the majority of cases is for the 3rd centesimal trituration, and I comparatively seldom use any other.

*Arsenicum iodidum* and also the plain *arsenicum* likewise come into use in chronic nasal catarrh. The indications for their selection are the chronicity of the disorder (and, as a rule, the more chronic the case the more will *arsenic* be useful), a red tongue, poor appetite, irritable stomach, tendency to diarrhoea, and a generally weak, debilitated constitution. The *iodide of arsenic* has never been proved, but practically it has been amply shown to have all the combined effects of *arsenic* and *iodine*, both of which have such a marked affinity for the nasal mucous membrane. The *iodide* will often act much better than the plain *arsenic*, and it may be given in one or two grain doses of the 3x trit. ter die.

*Hydrastis* has a similar wide action to *lycopodium* on the mucous membrane, producing catarrh in almost every

portion of it. It also, as we shall afterwards see, has a special affinity for the stomach, intestines and liver. The indications are a mixture—if I might say so—of those of *mercurius* and *tycopodium*. It is not often, however, that in chronic nasal catarrh we require to go beyond the first three named remedies. The dose of *hydrastis* I generally give is the 2x or 1x, and sometimes the  $\phi$ .

In an acute nasal catarrh the good old domestic remedy of a hot foot bath is very serviceable. So also is the application of a hot compress across the lower part of the forehead at night.

An ordinary nasal catarrh terminates usually in a week or ten days, even if untreated.

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## THE THERAPEUTICS OF THE SCHOOLS.

By ALFRED C. POPE, M.D.

In recent numbers of *The Review*, I have commented upon four addresses bearing upon therapeutics delivered by physicians holding a conspicuous place in the front rank of the medical profession. I now propose to take them collectively and endeavour to form from them an estimate of the present position of professional knowledge as to the study of drug action, the current methods of employing drugs as remedies in disease, and lastly of the steps which are necessary in order to place the science and art of therapeutics on a sound and trustworthy basis.

The word therapeutics in its true sense is broad and comprehensive. It comprises nothing short of every means which may be employed to influence the health of the body. Climate, bathing, food, drink, exercise, household arrangements, may all be so used as to operate remedially in most forms of disease. As to the methods of so employing them there is really very little difference of opinion among well educated physicians. The physiological influence of each is well understood, and the physiological requirements of the body are equally well known. It is only when we come to consider how drugs should be prescribed so as advantageously to modify the health of the body, that we meet with so much difference

of opinion among physicians. It is of their value as remedial agents that so much doubt is expressed by some, and in which so much confidence is felt by others.

If the addresses referred to reflect in any measure the mind of the profession upon that branch of therapeutics which deals with drugs, it must be concluded that but little trust is reposed in them—save very exceptionally—by the majority of those who daily prescribe them. Professor Fraser looks upon the state of therapeutics (using the word in its narrower sense as applying to medicinal agents only) as vague and unsatisfactory. That it is so, he regards as owing to its dependence hitherto upon crude observation rather than on experiment. Sir James Sawyer in taking a broad view of the situation said “we must all feel, I think, and often feel acutely as practitioners, in our daily application of remedies for the cure and relief of disease, that we want a knowledge more exact, a scope more enlarged, and indications more direct and more successful of the means by which morbid processes may be prevented and extinguished.” He desired to see the art of treatment placed upon a basis less shifting, less empiric, more demonstrable, more effective and more sound.” Dr. Wilks is, if possible, more outspoken, more distinct in his utterances. He says:—“It would be interesting to know at the present time how many medicines are given from a knowledge of their use, and how many because we consider them likely to do good by simply following the dictates of our minds. I mean when, for example, all of us, without exception, as far as I know, write down on a piece of paper, measuring six inches by four, some drug for every trouble with which a patient presents himself, it would be rather difficult for us to give a good reason for our action.” It would be impossible as it appears to me for anyone to state in a more explicit manner his thorough and complete sense of the utter worthlessness of drugs in the treatment of disease, of the extreme futility of expecting any good whatever to result from administering them than is conveyed in this deliberately expressed opinion by one of the most largely experienced physicians of the metropolis.

Dr. Quain, while he admits that both in ancient and in modern times medicine has often been regarded with scepticism and want of confidence, and often, too, been treated with satire and even with contempt, denounces the doubt and discredit which have thus been thrown upon our

profession both by men of science and some of its own members as so much unreasoning incredulity. To justify himself in doing so, he refers to the progress made during the last half century in anatomy, physiology and pathology, and gives instances of the practical application of this recently acquired knowledge in the prevention of disease. So far he proves what no one questions. It is the treatment of disease by drugs that is viewed with so much scepticism and even contempt. It is in what Dr. Wilks describes as "physic-giving" that there is so much want of confidence. How does Dr. Quain endeavour to sustain his conclusion that this want of confidence in physic-giving is undeserved? By pointing to the relief afforded to suffering during surgical operations by anæsthetics, to the proper use of the bromides, to the employment of antiseptics, to that of antipyretics, and to the introduction of the salicyl compounds in the treatment of rheumatism. Of these sources of satisfaction, two—anæsthetics and antiseptics—belong to surgery; the proper use of the bromides—unless indeed this be in the composition of fully ninety per cent. of the prescriptions that are written—few if any therapeutists could describe in such a manner as to meet with the approval of their fellows; the only antipyretic of any real value has been appropriated from homœopathic practice, and the value of the salicyl compounds in rheumatism is doubted by quite as many as are prepared to admit it.

These views of the present state of knowledge possessed by the majority of the profession regarding the administration of drugs as remedies in disease very thoroughly confirm the opinion expressed at the Belfast meeting of The British Medical Association by Dr. W. T. Smith, that the medicinal treatment of disease is "that department of medicine of which we know least." Feeling that such is the case, how do the authors of the addresses referred to propose to remedy the deficiency?

Professor Fraser relies for therapeutic progress upon the study of physiological pathology and upon that of pharmacology. "It is necessary," he says, "that the exact changes from normal functions should be ascertained, and that pathology should determine and gauge the kind and degree of the changes which exhibit themselves as symptoms of disease." This is one form of the knowledge that is requisite, we are told, for placing therapeutics on a level with other departments of medicine. The second—Pharmacology—

is thus defined: "This science—the science of the action of remedial substances—deals with the changes produced in normal physiological conditions by the influence of substances used as remedies. It concerns itself with the elucidation of the changes, with determining what remedies do." By the phrase "what remedies do" Professor Fraser means, do in health. What the connection is between physiological pathology and "what remedies do" Dr. Fraser does not state. How the latter branch of knowledge is to be applied to the former to bring about the restoration of health Dr. Fraser gives not the slightest hint!

Clinical observation and pharmacological research are, Dr. Quain thinks, the two lines of investigation along which therapeutical advance can best be secured. The manner in which the clinical observation of the action of remedies should be conducted, the Harveian Orator did not think it becoming of him to attempt to indicate in an assembly of the Fellows of his College. This is much to be regretted as it leaves us completely in the dark as to how Dr. Quain would apply clinical observation in the study of remedies. Of the use to be made of experimental pharmacology, "the scientific investigation of the action of medicinal agents on healthy animals," he is somewhat more suggestive. He tells us that by the aid of pharmacology we can vary the conditions under which an experiment is conducted "and thus trace the numerous influences which either assist or counteract the action of drugs, and what lead to variable and conflicting results in man. By this means we can also determine which part of a complex mechanism, such as the nervous system, is affected by particular agents, whether for example, the nervous centres, the nervous tracts or the peripheral endings. And, again, it is only by experiments on animals that we can safely test the action and strength of new drugs, and the phenomena and morbid results produced by poisonous doses; whilst from such experiments we receive many fresh suggestions for the introduction and manufacture of allied products." These are some of the results of pharmacological experiments, and so far as they go they supply useful additions to therapeutic knowledge. But on what principle, under what circumstances we are, clinically, to use any such information, Dr. Quain says nothing to enlighten us. So far as clinical medicine is concerned he deals but in vague generalities when he



points to clinical observation and pharmacological experiment as the sources of our future stores of therapeutic learning.

Dr. Wilks rather despises pharmacological research, and, apparently, but for the respect he entertains for some of his friends who are engaged in it, he would do so altogether. He says that this method of enquiry has seemed to him to have often failed when put into practice, "and so has brought discredit on therapeutics." The illustrations of the failure of clinically applied pharmacological knowledge are all instances where the principle of *contraria, contrariis curentur* has been that which has suggested the use of the pharmacological facts! He does not, however, wish to be understood as decrying pharmacology altogether, for he says we ought to be in possession of the knowledge obtained by an experiment on a healthy animal, "in order to compare it with the results observed in states of disease." This kind of procedure would in practice turn out much after the following manner. Give a drug in some form of disease; if good results, apparently connected with the administration of the medicine, follow, then poison a dog with it, and ascertain what part of his body is especially affected, and next endeavour to find out what is the apparent connection between the condition which existed in the patient before he was cured, and that which is found in the body of the poisoned dog! This is a sort of therapeutic cart-before-the-horse method!

Sir James Sawyer relies for future progress upon clinical experience and physiological research. The former, he says, "suggests specific wants which physiological research may endeavour to supply, physiological research supplies new agents which clinical experience may test in practice. Clinical experience reveals the therapeutic effects of medicines, physiological research discovers only their physiological actions." Then he goes on to assert that "the physiological action of a medicine has no necessary connection with its therapeutic powers." If there is no connection between the two, wherein consists the advantage of studying the former? It is precisely to ascertain the therapeutic powers, and we may add, the therapeutic sphere of drugs, that the study of their physiological action has been undertaken! Unable to show how the one form of knowledge may prove serviceable to the other, Sir James adds "however these things may be we cannot doubt

that the more we learn about the physiological powers of remedies, the more likely we are to understand, the more likely we are intelligently to direct their therapeutic employment in our practice." In what way such results are to accrue, Sir James evidently cannot, or at any rate, does not tell us. Failing to see his way to make any distinct use of pharmacology, we need not be surprised that, when he has said all that he can on behalf of the scientific study of drug action, he falls back on old-fashioned empiricism, and exclaims "Why do I give this medicine to this patient? Not because it has such and such physiological effects, and I expect therefore that it will do good, but because I have *before* found its administration attended with advantage, under similar circumstances, and this experience *satisfies* me, and gives me confidence in using it again, until I know of a better remedy."

The practical lessons to be gathered from these confessions and suggestions must now be considered. That the knowledge generally possessed of the action of drugs in disease, of how they can be advantageously employed in the efforts made by physicians to relieve it by the use of them, is inadequate is admitted by each of the distinguished men whose addresses have been examined. That the knowledge of the application of remedies for the cure and relief of disease requires to be more exact, that the indications for the use of drugs in preventing and extinguishing morbid processes needs rendering more direct and more successful is apparent alike in the *ex cathedra* teaching of the Professor of *Materia Medica*, the Oration of Dr. Quain, and the Address of the Senior Physician to the Queen's Hospital at Birmingham. Dr. Wilks, indeed, seems to look upon drugs as, with but few exceptions, a hopeless source of actual relief, though useful enough to satisfy the minds of patients that their ailments are being attended to in an orthodox manner.

Regarded as the outcome of 2,000 years of experience, such conclusions, true as they are so far as those who repudiate homœopathy without giving it a thought are concerned, reflect no credit upon the teachers or the practitioners of medicine. Similar declarations have been repeatedly made during the last thirty or forty years, and nevertheless "the great bulk of therapeutic knowledge is as yet empirical," and the need of an art of treatment having a basis "less shifting, less empiric, more demon-

strative, more effectual and more scientific," is as widely felt as ever it was.

To remove the stigma that the art of treatment is "that department of medicine of which we know least," an earnest devotion to pharmacological research is insisted on by Professor Fraser and by Dr. Quain, is regarded as likely to be useful by Sir James Sawyer, though not looked upon very favourably by Dr. Wilks, who thinks that the medical man never takes so high a position as when he gives no physic, and makes the friends of the patient stand aloof and rely upon his superior knowledge.

It is, however, certain that a more exact and more complete knowledge of the changes effected in health by the drugs in daily use is more and more felt to be of the greatest importance in rendering the drug treatment of disease of increased efficiency. This form of knowledge is that styled pharmacology.

Professor Fraser, Dr. Quain, and others are apparently of opinion that pharmacological research should be conducted exclusively upon the lower animals. That it is through experiments upon them, by watching their movements while under the influence of a drug during life, and ascertaining the alteration of structure it has effected by examination after death, that we may most satisfactorily ascertain the *modus operandi* of a medicinal agent. We do not at all dispute the value of experiments of this kind. They are useful by completing knowledge gained by the study of the drug's action on human beings. In veterinary practice they are indeed all-sufficient. But in giving a human being a medicine we ought to, and to advance therapeutics we must, know its mode of influencing the health of human beings. It is by experiments with drugs upon men and women that we can alone ascertain what modification in health a medicine will produce. It is only by watching and noting the disturbance of the physiological condition, by the symptoms arising from taking a medicine in health, that we can acquire correct information as to the organs or tissues for which a given drug has a special affinity, as to the kind of influence it exerts upon them and as to the manner in which it displays this influence. *Post mortem* examinations of dogs poisoned by a substance, which has previously been taken in medicinal doses by a human being, may—we do not say will, but may—throw additional light upon the organs invaded by it, and the con-

dition in which it leaves them when this invasion has proved fatal. Such an enquiry illuminates experiments on man, but it can never supersede them for the purposes of clinical medicine.

While, then, pharmacological research is indispensable for the progress of therapeutics, such research must be conducted on men and women, at any rate in the first instance. A considerable body of material of this kind lies ready to our hands in cases of poisoning. It is indeed insufficient in many instances in cases where the symptoms during life have been but comparatively slightly recorded, where all that has been left for our study is the account of *post mortem* appearances; these, however, are infinitely more instructive than similar appearances in a dog or a cat.

To be of service to the physician we need a faithful account of the changes in health produced by a drug, aye even to very slight ones, to such as in the present state of knowledge we may not be able to interpret. Comparatively trivial and apparently unimportant or even doubtful looking symptoms have led physicians to use a medicine which has proved curative in the case in which it has been prescribed.

This is the kind of research that was initiated and carried on with such remarkable success by HAHNEMANN. It is from the scientific application of research of this kind that it has been possible for Dr. Lauder Brunton to enrich his *Index of Diseases and Remedies* with so many useful suggestions. This, too, is the kind of research that must be adopted by those who are now crying aloud for pharmacology, if the practising physician is to obtain a basis for his art of treatment which shall be "less shifting, less empiric, more demonstrable, more effectual, and more scientific" than that on which he at present relies.

Clinical observation, to which the authors of these addresses, one and all, urge that attention should be directed, will also undoubtedly serve to confirm or correct the use made of the information obtained through pharmacological study; but *per se* it will never instruct anyone how to apply such information. The mere knowledge of the physiological disturbance produced by *potassic iodide*, and the simple observation of a profuse nasal catarrh, would never suggest the idea that the one would promptly cure the other.

Between pharmacological research on the one hand and clinical observation on the other, there is an *hiatus* to be filled up, "a wide and deep gulf" to be bridged over, "which has always been fixed" between "the pharmacologist labouring to elucidate the mysteries of the subtle actions of drugs upon the complicated and intricate human organism and the therapist struggling to apply these results to the successful treatment of disease." Without this bridge pharmacological research is a mere *ignis fatuus*, clinical observation, of a kind calculated to advance therapeutics, is impossible. The bridge has been built, but the pharmacologist of the day will not look at it! This bridge has been utilised, to their great satisfaction, by thousands of physicians since the beginning of this century, but the hospital physician of our times will not so much as attempt to test the soundness of the structure! The results which some have obtained by crossing it he will indeed, in a somewhat lame and imperfect manner, endeavour to imitate, but he will do no more. This bridge is expressed by the formula *similia similibus curentur*. A drug, that is, which pharmacological research has shown to be capable of producing a group of symptoms, more or less closely resembling those presented by some cases of a given form of disease, will prove remedial in such cases.

The very illustrations of the successful application of medicine given by the authors of the addresses point to this bridge as the connecting link between pharmacology and clinical observation. Thus Professor Fraser, Sir James Sawyer and Dr. Wilks are in perfect harmony as to the value of *digitalis* in disordered health depending upon a feebly-acting heart—Dr. Wilks admitting "that experiments with *digitalis* show similar results to those observed when it is given as a remedy in disease of the heart." To extricate himself from the dilemma in which this admission has placed him, he adds that "it is quite another thing to assert that the results obtained, in the first place, by experiments upon animals would have suggested its use in the case of the feeble, irregular heart of natural disease." Unfortunately for Dr. Wilks' "quite another thing," the results obtained by experiment had long, long ago, been pointed to as indicating *digitalis* as a remedy in such a condition; and equally long ago clinical observation had confirmed the accuracy of the indications.

Sir James Sawyer refers to *arsenic* in the treatment of some skin diseases, to *mercury* in that of syphilis, and to *quinine* in that of ague as illustrative of the power that drugs give the physician in dealing with disease. In each instance the drug will produce a condition very similar to that it will cure.

Dr. Wilks—with all his contempt for “physic-giving”—writes as enthusiastically as he is capable of doing (when endeavouring to sing the praises of drugs) of *strychnia* in “cases of gastric and intestinal weakness”—cases, the symptoms of which closely resemble those of slow poisoning by that very medicine. He also admits “the great power” of *arsenic* in neuralgia and anæmia—conditions again closely resembled by many cases of slow poisoning by that very drug. *Per contra* he ridicules the use of *strychnia* in paralysis and of *conium* in chorea—and justly so—for these drugs do not give rise to conditions resembling either disease.

With such illustrations of the value of this principle, this bridge which unites pharmacology and clinical observation, with such illustrations as Dr. Wilks gives of the futility of prescribing upon an opposite basis, before them, we are simply lost in astonishment that physicians who are really in earnest in their efforts to cure disease, who do indeed desire to render help to their patients through the medium of drugs, can resist accepting the lesson they teach.

If homœopathy were not true *digitalis* would not relieve the feeble heart of natural disease, *arsenic* would not cure cases of anæmia, neuralgia and skin disease, *mercury* would not cure syphilis, *quinine* would not cure intermittent fever; on the other hand *conium* would cure chorea, *strychnia* would cure paralysis.

That homœopathy is true, so far at any rate, these illustrations prove incontestably. How much further it will extend is a question of experiment and experience. Those who have tested it further tell us that its truth is apparent in well nigh every form of disease. Surely the evidence of those who, in spite of it, protest that homœopathy is false is sufficient to induce investigation, affords ample justification for testing the assertion of those who make it the constant ground work of their prescriptions!

Pharmacology studied by experiments upon man; the facts derived from this study applied in harmony with the

principle of similars ; and the clinical observation of the results so obtained, constitute that solid, effectual, demonstrable and scientific basis by resting upon which the progress of therapeutics can be assured, and by resting upon this alone.

That this is so, has been proved abundantly in the past, and will be still more abundantly proved in the future. There is no other way by which therapeutics can advance, and the more physicians encumbered by the prejudices of education, the misrepresentation of the medical press, and the dread of losing professional caste try to escape by various sideways from acknowledging that homœopathy alone can satisfy their longings to do good to their patients, the more apparent will the absolute necessity of confessing its truth become to them.

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## REVIEWS.

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*Transactions of the Homœopathic Medical Society of the State of Pennsylvania. Twenty-first Annual Session, 1885. Philadelphia : Sherman & Co. 1886.*

THE society, the transactions of which are recorded in the volume before us, numbers two hundred and eleven members. It meets annually, the sessions being spread over three days in the month of September. At the last annual meeting, one hundred and three members, two honorary members, and thirty-six medical visitors were present. These facts alone show how active is the interest taken in everything tending to increase the resources of medicine by homœopathic physicians in Pennsylvania. But when we go further, and examine the number and the excellent quality of the papers presented at the meeting, and published in this volume, and the importance and practical interest attaching to the subjects discussed, we need no longer marvel at the rapid development of homœopathy in the United States. Its representatives are men who are in earnest, men whose experience has been large, who have reflected upon that experience, and who are ever ready to communicate those reflections to, and discuss them with their medical brethren. So long as this spirit prevails, homœopathy will continue to spread, until ultimately empirical therapeutics has been driven from the halls of all medical colleges, and scientific medicine has been enthroned in its stead.

The President, Dr. J. E. James, delivered a brief address at the opening of the meeting, in the course of which he congratulated the society on the establishment of a Board of Health for

the State, including among its members physicians of different shades of opinion, which he justly described as "a great advance, both in the interests of the State and of science." He also announced the passage of bills by the State Legislature appropriating \$65,000 to the Pittsburgh Homœopathic Hospital and \$20,000 to the Women's Maternity and General Hospital, and \$50,000 for Hahnemann Medical College. The Governor of the State had, however, yielded to the pressure brought to bear upon him by the Board of Public Charities, at the instigation of allopathic practitioners, and had vetoed that for the College.

Following the address of the President and the reports of committees, we have some statistics which give us an insight into the public work which is being done by homœopathic physicians in Pennsylvania. In addition to the State Society with its 211 members, there are 19 County and other Societies, having 463 members. The Anatomical Society of Allegheny County, with its 17 members—all homœopathically practising surgeons—the Homœopathic Pharmaceutical Association of Pennsylvania, with 10 members; A Library Association, and the American Homœopathic Publishing Society, with 200 members. There are in the State nine hospitals, officered exclusively by homœopathic practitioners, with 472 beds amongst them, that at Pittsburgh being the largest, with 200 beds. There are also seven dispensaries, one medical college and two journals in connection with homœopathy. What an amount of real, earnest, self-denying work in the cause of medical science, and in the best interests of humanity, do not these figures give evidence of!

The very titles of the numerous papers submitted for discussion also showed how practical and useful is the work of our Pennsylvanian Colleagues. Thus Dr. Raue contributed a paper on *The Symptomatic Treatment of Disease*; Dr. Fornias, on *Exotic Drugs for Provings*; Dr. Parsons, on *Infantile Hygiene*; Dr. Wood, on *House Sanitation*; Dr. Evans, on *Milk as a Vehicle of Disease*; Dr. Dudley, on *The Cesspool as an Originator of Zymotic Disease*; Dr. Bushrod James, on *Meteorological Influences upon Diseases and Symptoms*; Dr. Mary Branson, on *Dystocia as a Cause of Nervous Exhaustion*; Dr. Hoffmann, on *Cases of Puerperal Eclampsia*; Dr. C. M. Thomas, on *Some Points in the Operation of Ovariectomy*, and on *Calendula as a Surgical Dressing*; Dr. Willard, on *Orthopedic Cases*; Dr. Hoffmann, on *A Case of Button-hole Operation in Vaginal Cystotomy*; Dr. McClelland, on *Cases of Laceration of the Cervix and Perinæum*; Dr. Betts, on *Convallaria Majalis in Gynecological Practice*; Dr. Hassler, on *Cotton Packing in Uterine Disease*; Dr. Hoffmann, on *Fifteen Months' Work in Ovariectomy in the Homœopathic Hospital, Pittsburgh*—a record of six cases, all successful; Dr. Cranch, on *Belladonna in Children's Diseases*;



Dr. Shannon, on *Whooping Cough*; Dr. Middleton, on *The Care and Feeding of Children*; Dr. Van Artsdalen, on *Membranous Croup*; Dr. Morgan, on *Intestinal Obstruction and Fæcal Vomiting*; Dr. A. Thomas, on *Idiopathic Abscess of the Brain*; on *Spinal Irritation*, by four members of the Allegheny County Society; Dr. Bowie, on *Clinical Facts*; Dr. Alvarez, on *Cholera*—this is the first communication we have seen of the results of the homœopathic treatment of cholera during the recent epidemic in Spain. Dr. Alvarez states that the mortality, where excessive doses of *laudanum* were relied upon, was from 60 to 70 per cent., while under homœopathy it was not more than 6 or 7 per cent. "in the most assailed localities." Dr. Rinehart communicated *Two Clinical Cases*; Dr. Morgan, a paper on *Acute Tuberculosis after Measles*; Dr. Bartlett, one on *Chorea*; Dr. Martin, *A Clinical Case*; Dr. Mohr, *Some Fever Experiences*; Dr. B. McClalland, *A Case of Penetrating Wound of the Eye*; Dr. Houghton, on *Aural Surgery versus Homœopathic Therapeutics*; Dr. Phillips, on *Errors of Advice in Ophthalmology*; Dr. Bigler, on *Diplopia*; Dr. Bartlett, *A Case of Nervous Disease with Inverted Vision Cured by Cannabis Indica*; Dr. Ivins, one of *Cystic Goitre Cured by Operation*, and a paper on *Aphomia*.

When the members of a society will so exert themselves as to present for discussion subjects of so much practical interest as these, it must flourish, and the doctrine it represents cannot fail to advance both in professional and popular esteem. Wherever the representatives of homœopathy work so well and work so constantly, where they unite together heartily and earnestly in the cultivation of every branch of medical enquiry, homœopathy will obtain that pre-eminent position to which it is so justly entitled.

Interesting and useful as each of these papers is, this is the lesson which it appears to us that this volume of *Transactions* teaches most eloquently.

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*Mind your Eyes! Advice to the Short-sighted by their Fellow Sufferer* FRANCISQUE SARCEY. Translated by R. E. Dudgeon, M.D. London: Published for the Society for the Prevention of Blindness by Baillière Tindall & Cox, 20, King William Street, Strand. 1886.

THIS is a very lively and entertaining little book, illustrating the importance of early recognising a defect of vision, of not overstraining the eye under any circumstances, and the disastrous consequences which will ensue to the eyesight from a total disregard of the most elementary principles of physiology in its management. The following is a description of a French school—the Massin Institute, "one of the best in Paris"—between 40 and 50 years ago! "The study rooms of the little collage were in an old building, below the level of the street. They got their

light by means of windows, or rather air-holes, which opened at the level of the street and were garnished with iron bars.

"These two narrow windows admitted into the room, through panes of glass, grimy with dirt, a scanty and dim light. This barely sufficed for the pupils who worked immediately beneath these air holes. But, at the other end of the cellar, obscurity reigned. . . . In the evening we had one lamp for ten or twelve pupils, and as the shadow of my bent-down head on the paper came in my way when writing, I remember very well that I had a habit of leaning my head on one side, and that I worked with one eye only, probably with the one I lost, for that is the eye which must have been injured by this evil habit." Then again M. Sarcey says: "At the Lycée Charlemagne we had no table, we were obliged to write on our knees. Accordingly those whose sight was weak had either to bend double, the back arched, the head at the level of the knees, running the risk of a congestion, or to write at hap-hazard without looking." It is marvellous that any boys, either at the Massin Institute or the Lycée Charlemagne, passed through their course of study and came out with sound vision at the end of it.

The importance of relieving the fatigue of the eyes, incurred by reading and writing, by the use of spectacles is earnestly insisted on by M. Sarcey. The notion that we ought "to force and accustom ourselves to work without the aid of any glass" is, he declares—and truly—"pure stupidity."

The sketches of the first symptoms and subsequent progress of his cataract, which presently deprived the author of all vision, of the preparation for the operation and of the operation itself, are vivid and life-like. The cataractous lens was removed at the hospital of The Friars of Saint Jean-de-Dieu in the Rue Oudinot. In the sixth chapter M. Sarcey gives a most amusingly written apology for taking advantage of a religious institution under the direction of a religious order that he might secure comfort and safety while under surgical care. It seems that M. Sarcey is known in Paris as "the ferocious enemy of the religious orders, the sworn foe of the clericals." As the consequence of this, our author came in for a goodly amount of extremely unpalatable ridicule, both from his colleagues who are striving to extinguish Christianity in France, and from those who preach and practise it. As he says he "was roasted all along the line." His explanation endorses the justice of the adage—*qui s'excuse s'accuse*, and proves how true it is that—

"When the Devil was ill, the Devil a saint would be;  
When the Devil was well, the devil a saint was he!"

We fancy, however, that the physical blindness of the Parisian newspaper writer would be more easily dispelled than that which is spiritual.

In "Mind your Eyes!" M. Sarcey has written an entertaining little book, conveying some much-needed words of warning in a sprightly and interesting manner. And our thanks are due to him for permitting the Society for the Prevention of Blindness to publish it.

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*Therapeutic Key: or Practical Guide for the Homœopathic Treatment of Disease.* By J. D. JOHNSON, M.D. Fifteenth edition. Philadelphia: F. E. Boericke. 1886.

THIS is one of the most useful little books that a homœopathic physician can carry about with him in order to refresh his memory from time to time as to the indications for medicines in different forms of disease, and as to such as relate to dietetics, hygienic precautions, and those various measures, usually classed as "auxiliary," which are essential in forming a complete plan of treatment.

We would suggest to the publishers that they should issue an interleaved edition for annotation by individual practitioners. The results of such annotations by a score or two of actively engaged physicians, if carefully studied and edited, would form an invaluable repertory of therapeutic hints.

After fourteen editions have been absorbed by the profession, commendation of a carefully revised fifteenth is hardly required. Nevertheless we do commend it cordially.

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*American Medicinal Plants.* By CHARLES F. MILLSPAUGH, M.D. Fascicle iii., Nos. 11 to 15. New York: Boericke & Tafel. 1886.

THE "Fascicle" before us forms another instalment of the very valuable work that Dr. Millspaugh has undertaken, and which is being published in such admirable style by Messrs. Boericke and Tafel, to whose business energy and courage in investing in works involving a heavy outlay of capital, homœopaths everywhere are much indebted. Their success in business is in itself no small evidence of the hold which homœopathy has both on the profession and the public in the United States.

The present issue contains beautifully-coloured drawings of the entire, and outline sketches of dissected parts of twenty-nine medicinal plants, of all of which we have provings more or less full and reliable. Among these thirty we have such exceedingly useful sources of medicinal power as *æsculus hippocastanum*, *aralia racemosa*, *baptisia*, *cimicifuga racemosa*, *conium maculatum*, *drosera rotundifolia*, *eupatorea purpurea*, and *perforata*, *kalmia latifolia*, *lobelia inflata*, *phytolacca*, *rhus toxicodendron*, *stramonium*, *verbascum*, and *xanthoxylum*.

In addition to each drawing we have an accurate description of the parts of each plant, an account of its natural history and

that of its uses in medicine, of the parts used in pharmacy and the preparations made from these, the chemical constituents of each, and finally a slight sketch of their physiological action.

In giving the medical history of *cimicifuga* or *actea racemosa*, Dr. Millsbaugh writes—"Dr. Williams"—an allopathic author—"says 'Indians and quacks recommend its use in rheumatism, &c.,' and then he recommends it himself!"

This work is beyond a doubt the most valuable companion to a *Materia Medica Pura* that we have, and ought to be in the hands of all physicians and pharmaceutical chemists.

## NOTABILIA.

### LONDON HOMŒOPATHIC HOSPITAL.

THE following Appeal for additional funds to extend and increase the work of the hospital, has just been issued by the able and generous Chairman of the Board, Major Vaughan-Morgan:—

"5, Boltons, London, S.W.,

"March 16th, 1886.

"Dear Sir,

"In my capacity of Chairman of the London Homœopathic Hospital, I am desirous of calling your special attention—as a medical man practising homœopathy—to the claims of that institution.

"The hospital has recently been entirely re-organised and now contains 80 beds, in addition to which the nursing institute has been successfully established, and properly qualified nurses, trained in the wards, can at all times be obtained for either medical, surgical or accouchement cases. The nurses retained for the latter have not only received the training of our hospital, but hold the certificates of lying-in institutions.

"By the munificence of the friends of the late Dr. Bayes a new ward has been built which it is intended to furnish and open for male patients early in 1887. This ward will contain 14 beds, involving an increased annual expenditure of about £500.

"The Bayes School Fund available for this purpose amounts to £1,452, and a sum subscribed after his death amounts to £1,440; making £2,892, and producing about £112 per annum.

"The Board of Management intend therefore making a special appeal for the remaining necessary income which they hope to receive in the form of annual subscriptions, donations, and endowments of beds.

"A bazaar and fine art distribution will be held in the new ward next May, and a concert is being organised, the assistance of several first-class artistes having been promised. Gifts of

useful and fancy articles and works of art for the above will be very thankfully received from yourself and your friends.

“Several contributions have already been promised by the members of the Board of Management towards this desirable object, including one thousand pounds from the writer, one hundred guineas each from the President of the Hospital, Lord Ebury, the Vice-Chairman, Henry Tate, Esq., and Colonel J. C. Brown; thirty guineas from Allan E. Chambre, Esq.; twenty guineas each from F. Rosher, Esq., J. P. Stillwell, Esq., J. Slater, Esq., and J. Gray, Esq.; ten guineas from H. W. Prescott, Esq.; and several smaller sums and annual subscriptions from other members. Intimations have also been received of other forthcoming amounts, including a donation of £500 from a lady supporter.

This support volunteered before the scheme has been made public is encouraging, and the Board rely upon your support and trust that you will be able to influence your friends to promise to contribute in 1887.

“In conclusion, I would venture to appeal to you for your energetic support of the hospital. It ought to be the Pivot of Homoeopathy in the United Kingdom, and a centre of union among all the disciples of Hahnemann. The Board has always regarded its mission in that light, and should it appear to lack the requisite qualities, any suggestion you may offer with this view would be gladly received and considered.

“ I have the honour to be,

“ Yours faithfully,

“ WM. VAUGHAN-MORGAN.”

From this document it will be seen that the time has arrived when it is deemed possible to furnish and throw open for the reception of male patients the new ward, which formed part of the wing recently built chiefly for the Nursing Institute. This ward was named after our lamented colleague, Dr. William Bayes, than whom few have earned a better right to perpetual remembrance in the history of the institution. The deep interest which he always took in its welfare as one of the principal bulwarks of homoeopathy in England, the large sums of money which, by his own effort and the generosity of his friends, he obtained for the consolidation of its position, and his active association with many projects for its advancement, caused, after his lamented death, a general feeling that a name so well-known in the medical profession, and so identified with the institution, ought to be specially remembered. It is also well known how nobly his many friends contributed the funds which were spent in the building of that ward.

Further, the accommodation of the hospital for male patients has always been too small. Now that, by enlargements of the children's and female wards, the number of beds has increased to 80, and the number of patients admitted annually has gone up to a total altogether unheard of, even in its recent years, applications by male patients are constantly refused for want of room. This requires a remedy. The increasing tendency of the sick poor to go to the Homœopathic Hospital, in Great Ormond Street, is a most gratifying fact, and the progress of homœopathy which it indicates should not be so far neutralised by an inability on the part of its representative hospital to receive all necessitous and suitable cases. Major Vaughan-Morgan, who is as enthusiastic in advancing the cause of homœopathy as he is indefatigable in designing and carrying out measures for the advantage of the institution which has developed so rapidly under his fostering care, no sooner became aware of the necessity than he produced his plan to meet its requirements.

The details of this plan are as follows. The new ward can, it is estimated, be arranged to accommodate 14 patients. If at once opened it must be kept open. The addition of so many patients will necessitate a further constant outlay therefore of about £500 per annum. This is the amount which the Board will have to provide every year in order to carry out the scheme. The amount contributed by the friends of the late Dr. Bayes towards the ward bearing his name was £1,440. At the incorporation of the medical school with the hospital the invested funds of the former amounted to £1,452; and the interest accruing from this sum, until such time as the School shall resume operations, was made available, by a resolution of the constituency of the school, for the purposes of the hospital. It was named the Bayes School Fund. But while the operations of the school, as incorporated in the hospital, will, we are informed, be carried out precisely as heretofore, and be further developed as soon as possible, credit will, under the resolution of the subscribers to the school, be taken for this fund in the general arrangements for maintaining the new ward. The plan, therefore, starts with a capital of £2,892, but this will only produce about £112 per annum; to raise the necessary income of £500 a much larger sum will be required. And this larger sum it is proposed to raise in the following way:—

First of all Major Vaughan Morgan will himself contribute £1,000. A munificent lady, deeply interested in the hospital, contributes £500. Several members of the Board of Management, which, as a Board, are an example to other Boards in their generosity to the institution they govern, have promised sums varying from five to one hundred guineas. With this encouraging preliminary list of gifts it is proposed to go to the

supporters of the hospital and the general public, and, so far as the supporters of homœopathy are concerned, if the board is not proportionately successful, it will be the first time in the career of the hospital that their appeal for a practical purpose will have failed of a ready, general and liberal response. For ourselves we have seen too much of the openheartedness of the adherents of homœopathy to entertain the least misgiving. They know full well that the Homœopathic Hospital must rely mainly on the generosity of homœopaths.

To carry out this extended plan the managers of the hospital will be compelled to resort to old and tried methods of raising funds; but we understand that they propose to introduce into their arrangements some elements of novelty which will certainly stimulate the interest of the friends of the hospital. There will be a bazaar, with which will be incorporated a Fine Art Distribution on the model of the Fine Art Distribution which was so satisfactorily conducted some years ago. Then, encouraged by the promises of professional help of a very high class, there will be a concert, under arrangements which are not yet completed, but which will, if carried out, lend a great interest to that most popular form of entertainment.

To assist the managers in carrying out this admirable plan, Major Vaughan-Morgan, in the characteristic letter we have quoted, invokes the aid of all medical men practising homœopathy in England by an appeal to which, if we understand them well, they will be most anxious to respond. The gallant Major's profound interest in all that concerns the advancement of true medical science, the enterprise and practical wisdom which he has so long displayed in the guidance of the affairs of the hospital, and those personal characteristics which he consistently displays on all occasions, have combined to make him deservedly popular among our body. The letter of Major Vaughan-Morgan to the medical profession will, we feel sure, receive the great attention it so thoroughly deserves. The Major maintains, as he always has maintained, that the London Homœopathic Hospital is the great centre of homœopathy in England, and as such has a strong claim upon the medical body interested in developing the system of medicine it clinically illustrates. We are so accustomed to its existence that we cannot conceive of its absence. But let anyone reflect what a loss to homœopathy in England the discontinuance or even diminished capacity of the hospital would be, and he will get some conception of how its value should be estimated. A standing demonstration of the practical truth of our medical doctrines, it has borne witness to it during nearly forty years.

The battle, it must be remembered, is not won yet; and we heartily endorse the declaration of Major Vaughan-Morgan—"It

ought to be the Pivot of Homœopathy in the United Kingdom, and a centre of union among all the disciples of Hahnemann." We would therefore add our own appeal to his, that our brethren should take this opportunity of showing that lively interest in its movements and welfare which we do not doubt that they feel.

### THE HOMŒOPATHIC LEAGUE.

THE feeling which has of late been daily gaining ground that something ought to be done to enlighten the public on medical subjects, to place within their reach fuller and clearer information regarding the measures and intent of homœopathy, and to make as widely known as possible the various schemes adopted by medical societies, medical publishers, and medical men of the empirical school to prevent any knowledge of homœopathy, or of the important results which have accrued from it reaching the ears of the public, has culminated in a proposal to form a HOMŒOPATHIC LEAGUE, the aims and intents of which are set forth in the following circular, issued a fortnight ago by the provisional committee.

"Homœopathy has now been publicly taught and practised in every quarter of the globe for more than three-quarters of a century, and is the only rule of general application for the treatment of disease by drugs. The experience of thousands of medical practitioners has proved it to be greatly more successful in the treatment of disease than any other method; and its influence on the ordinary treatment has been shown by the abandonment of most of the violent practice which was in vogue at the period of the introduction of homœopathy, such as blood-letting, leeches, cupping, counter-irritants, setons, issues, mercurial salivation, &c., and by the adoption by the old school of many of the remedies which were introduced into medicine by the method of Hahnemann.

"Yet, in spite of the improvements in general medicine that have been effected by homœopathy; in spite of the many valuable remedies that the old school has borrowed from homœopathy; in spite of the superior results of the homœopathic treatment of the most serious diseases, such as inflammations, fevers and cholera, as proved by the statistics of hospitals and private practice, medical men who acknowledge the value of the homœopathic rule of treatment are excluded from medical societies, from hospital appointment, and from public posts; they are refused permission to advocate the claims of homœopathy in the medical periodicals, or to reply to mis-statements and mis-representations of homœopathy in these periodicals, and are still treated by their old school colleagues as though they were



charlatans and unworthy to receive ordinary professional courtesy. Societies, Colleges, and Universities pass resolutions and enact by-laws denouncing homœopathy as 'unscientific' and 'irrational,' and forbidding consultations and professional intercourse with its practitioners. Professors at the Universities and Lecturers at the Medical Schools never mention the subject of homœopathy without burlesquing its doctrines and holding them up to the ridicule and contempt of their audiences. Advertisements of homœopathic works are denied insertion in medical periodicals, and no mention is made of the homœopathic works of medical men whose names appear in the medical directories. On the other hand, the very tradesmen who will not publish works teaching homœopathy, never hesitate to issue books containing the most monstrous and grotesque misrepresentations of homœopathy, written for the purpose of prejudicing the non-medical community against the system of Hahnemann.

"In the early days of homœopathy in this country, when the medical practice of the majority consisted chiefly of the violent and painful measures before alluded to, the pioneers of homœopathy addressed themselves chiefly to the public, and sought to influence the profession through their patients. In this they were successful. The people having been taught by popular books and pamphlets and by popular lectures, the better, milder, and more rational mode of treating disease, were unwilling to submit to the severe and irrational treatment then in vogue, and medical men were thus led to abandon their traditional methods and to adopt a more gentle system. As they also borrowed from homœopathy many of its remedies, the practitioners of homœopathy hoped that the medical opposition to Hahnemann's system was about to cease, and they refrained from those popular appeals to the public which were at first so successful. But when the people were no longer appealed to, and when no pains were taken to enlighten and instruct them, their interest in the subject gradually subsided, and a generation grew up which knew little or nothing about the real nature of homœopathy or the comparative merits of the two schools. Thus, the pressure from the public having declined, the general body of the profession made no further effort to improve their practice in the direction of homœopathy, or even to learn what homœopathy really is. Mis-representation acting on ignorance has of late years hindered the progress of homœopathy in this country, and though it is, undoubtedly, the truth in medicine, and as such cannot perish, its general acceptance may be delayed unless efforts are made to dispel the ignorance respecting it.

"Some friends of homœopathy, lay and medical, think that an endeavour should be made to enlighten the public as to the true

character of the homœopathic system, and the unfair manner in which it is mis-represented and sought to be stifled by the dominant majority of the old school. It is therefore proposed to establish an Association to be called *The Homœopathic League*, whose objects will be to spread a knowledge of homœopathy among the people by means of pamphlets, books, public meetings, lectures of a popular character, and such other means as may from time to time appear desirable, and to counteract the unfair treatment to which it is subjected.

"In order to do this effectually they invite the co-operation of all who, being assured of its truth, are interested in the spread of homœopathy. They propose that this League shall include not only medical men and chemists specially concerned with homœopathy, but all who desire the spread of the most scientific, rational and efficacious mode of treatment of disease, and who wish that it shall not be unfairly treated.

#### OBJECTS AND RULES OF THE LEAGUE.

"*Proposed* :—

"I.—That an Association be formed, to be called 'THE HOMŒOPATHIC LEAGUE.'

"II.—That the objects of the LEAGUE be—(1) To make known the truth of Homœopathy, and the advantages to the public of homœopathic treatment; and (2) To counteract the unfair policy of the old school.

"III.—That the LEAGUE consist of a President, Vice-Presidents, Executive Committee, and ordinary members, and that ladies be eligible for membership. That branches be formed in provincial towns.

"IV.—That membership be open to all persons, lay or medical, on payment of a yearly subscription of not less than half-a-crown.

"V.—That the means to be adopted by the LEAGUE be the production and distribution of literature, public meetings, popular lectures, and such other means as the Association may deem desirable.

"VI.—That the government of the LEAGUE be vested in a Central Executive Committee, to whom the details of the work shall be entrusted.

"R. E. DUDGEON.

"M. ROTH.

"D. DYCE BROWN.

"H. HARRIS.

"JOHN H. CLARKE.

"*Provisional Committee.*"

### HAHNEMANN'S BIRTHDAY.

We have much pleasure in announcing that, at the last meeting of the British Homoeopathic Society, it was determined to celebrate the hundred and thirty-first anniversary of the birth of HAHNEMANN by a dinner to be held on the 10th of April at the Holborn Restaurant, at which it is hoped that a large number of the fellows and members of the Society, with their friends, will be gathered together to do homage to the memory of the greatest therapist of this or any other age. We are particularly requested to mention that fellows and members of the Society can introduce friends on this occasion.

Dr. Lloyd Tuckey, of Green Street, Grosvenor Square, has kindly undertaken to perform the duties of Secretary, to him applications for tickets should be sent, not later than Tuesday, the 7th of this month. The price of the dinner ticket is six shillings, and is, of course, exclusive of wine.

Many years ago a festival of this kind was regularly held in London, in Germany it has never ceased to take place, and we trust that we may regard its revival here as indicating a more active and lively interest in the propagation of homoeopathy and a more thorough unity of feeling amongst homoeopathic practitioners than has been apparent of late years. Such a dinner ought to be a success, and with the arrangements in such excellent hands we feel sure that it will be so.

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### HOMOEOPATHY IN BOSTON.

A STATE Board of Health in the United States is differently constituted and has larger powers than any corresponding official organisation here. Such a board is exclusively composed of medical men and, being so, can be exceedingly offensive to medical men. How offensive and unjust the Boston allopaths can be, they have already shown pretty conclusively. Hence our homoeopathic colleagues in that city have petitioned the Senate to compel their representation on the State Board. Their case has been admirably drawn, and we make no doubt but that the Senate will see clearly enough that men having behind them such a record of intolerance and injustice should not be allowed the opportunity of tampering with the interests of several hundred members of the same profession practising around them. The following are the petitions which on the motion of Mr. Hosmer, of Concord, were laid on the table of the house and ordered to be printed on Friday, February 26th.

*To the Honourable the Senate and the House of Representatives of Massachusetts.*

The Massachusetts Homoeopathic Medical Society, at a meeting held in Boston on February 11, 1885, unanimously voted

that, in the event of the formation of a State Board of Health, distinct from and independent of the Board of Lunacy and Charity, as is now proposed, it is exceedingly desirable that the members of the new board be not appointed exclusively from the Massachusetts Medical Society. For, we believe, first, that a State Board of Health should not be made up entirely of physicians, and that its efficiency would be greater if a certain proportion of its members should be drawn from other walks in life; and second, that the representation of the medical profession on the board should be a *bonâ fide* representation of the three branches of the profession indicated by the three societies specially chartered by the State, and not an *ex parte* representation of any one school of medicine which may be antagonistic to the others. The Massachusetts Homœopathic Medical Society therefore respectfully represents that, in its opinion, it is extremely desirable that the medical representation on the State Board of Health should consist of at least one member from each of the three specially incorporated medical societies of the State, and that neither of these societies shall have more than two representatives thereon. And this society respectfully petitions that a provision to this effect shall be incorporated in the act to establish the proposed State Board of Health.

CHARLES L. NICHOLS, President,  
N. W. EMERSON, Secretary of the  
Massachusetts Homœopathic Medical Society.

*To the Honourable the Senate and House of Representatives of  
Massachusetts, in General Court assembled:*

The Massachusetts Homœopathic Medical Society begs to present to your honourable body the following memorial: This society was incorporated by the State of Massachusetts in 1856, 30 years ago. It holds at the present time a membership of 230 duly educated and honourable physicians located in different parts of the State, and it represents the medical opinions and practice of several hundred other physicians and many thousands of citizens and taxpayers of this State. The members of this society feel a deep interest in all matters pertaining to the general health and well-being of the community, and have watched with interest the action of the Massachusetts Medical Society, which in June last passed resolutions recommending the re-establishment of a separate State Board of Health, and appointed a committee in furtherance of this object, consisting of Drs. George B. Shattuck of Boston, John M. Harlow of Woburn, Richard L. Hodgdon of Arlington, A. H. Johnson of Salem, S. D. Presby of Taunton, Emerson Warner of Worcester. Through the efforts of this committee of the Massachusetts Medical Society large numbers of petitions have been circulated in various

parts of the State praying your honourable body to establish such a State Board of Health.

Now, while they would favour such a measure properly prepared and would warmly approve any measure which tends to better secure the health and welfare of the community, your memorialists desire to present the following facts for your consideration :

In 1781 your honourable predecessors wisely granted a charter for the establishment of the Massachusetts Medical Society, which society was designed to include every physician in the State who possessed a suitable medical education and proper moral character. In fact, these legislators went beyond the general idea of allowing membership to such physicians subject to the whims and caprices of other physicians ; and knowing that prejudices and jealousies might possibly arise which, to the injury of the public, could debar suitable physicians from membership, they inserted a provision in the charter imposing " a fine of \$500 upon the President or other officer who should obstinately refuse to examine any candidate for membership." Notwithstanding such express provisions of the charter this society has of late years debarred from membership physicians of education and character simply because they differed from the majority in regard to the importance and efficacy of drugs in the treatment of the sick and the methods of administering the same. Moreover they have expelled from membership, as guilty of misconduct, those who held such diverse views and methods. Furthermore, if, for the saving of human life or the comfort of the sick, any member shall consult with or countenance any physician thus expelled or debarred from membership, he shall be deemed to have committed an offence worthy of his own expulsion from the said society. Such action on the part of said society your memorialists consider to be not only in violation of their charter, but also destructive of " freedom of medical opinion and action " on the part of the profession and subversive of the rights of the community who, in cases of sickness, should be free to secure such talent or combination thereof as they may deem best without prohibition or hindrance from any individual or medical society.

The State Board of Health which existed from 1869 to 1879, in accordance with the practice of the Massachusetts Medical Society, practically debarred your memorialists from any professional relationship with that board. None of their number were appointed to its membership, nor their opinions sought on matters pertaining to the health of the community ; nor were they included generally with those who received from the board documents considered of importance to the medical profession. The same spirit of ostracism and intolerance, exercised by the

Massachusetts Medical Society toward your memorialists has in a large degree been intruded upon the institutions of the State. That physicians believe, or even hold opinions favourable to what is known as homœopathy, is a sufficient reason for excluding them from occupying official positions or rendering professional service, thereby preventing the institutions from receiving or even testing the efficacy of what your memorialists, as well as large and rapidly-increasing numbers of the community believe to be an improved method of medical practice. Such exclusion not only harms the institution upon which it is forced, but also limits investigation and progress on the part of the medical profession, and works a serious injury directly and indirectly to the entire community. The same influence of the Massachusetts Medical Society extends to other public institutions not directly under the care of the State. In the Boston City Hospital, supported by the equal taxation of all the citizens, under the dictation of a medical board composed wholly of members of the above-named society, not only are the inmates denied the privilege of receiving homœopathic treatment if they wish, but homœopathic medical students with unjust discrimination, are refused admission to the wards of the hospital when they seek it in order to familiarize themselves with the care of the sick, and to learn the methods here practised, an intolerance not exercised, so far as we can learn, anywhere outside the State of Massachusetts.

Under such conditions, can your honourable body wonder that we and that the public should look with distrust and suspicion upon any new movement emanating from the Massachusetts Medical Society, and we respectfully ask, in the establishment of a State Board of Health, that you will properly guard our interests and the far greater interests of the community, which we represent. Therefore we ask that, should you deem it wise to again establish a separate State Board of Health, each of the then incorporated State Medical Societies, to wit: the Massachusetts Medical Society, the Massachusetts Homœopathic Medical Society and the Massachusetts Eclectic Medical Society shall be therein represented; and that at least one and not more than two members from each of the above-named societies shall be appointed members of said Board of Health. Respectfully submitted by your memorialists,

I. T. TALBOT,  
JOHN L. COFFIN,  
H. C. CLAPP,  
FRANK C. RICHARDSON,  
A. J. FRENCH,

Committee of the Massachusetts Homœopathic Medical Society.

### THE LIVERPOOL HOMŒOPATHIC DISPENSARY.

In presenting the Forty-fourth Annual Report of the Homœopathic Dispensaries, the committee have the pleasure of recording a continued increase in the usefulness of the charity. The number of attendances during 1885 were 78,881, that is a weekly average of 1,516.

The attendances were—AT HARDMAN STREET,

In-door .....	82,206
Out-door .....	18,558

AT ROSCOMMON STREET,

In-door .....	28,440
Out-door .....	4,677

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78,881

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After a reference to the homœopathic hospital which, owing mainly to Mr. Tate's generosity, is now in course of erection, the report proceeds as follows:—

“As already said in last year's report, we must remind our subscribers and friends that the cost of an hospital is much greater than that of a dispensary, and that Mr. Tate's munificent gift to the town is made on the conditions not only that the homœopathic medical men will work the hospital, but that the public will support it. We must therefore put forth all our efforts to meet these conditions. The homœopathic practitioners of the town have already undertaken the charge of the necessary medical and surgical duties, and it is hoped the public will provide the needful income. This can hardly be done without a considerable extension of, and some change in, the mode of distribution of medical charity. Thus, besides calling upon our present supporters for an increase of their efforts, we must appeal to those who have no predilection for or belief in the homœopathic method, on the grounds (1) that they should encourage liberty of conscience, and of opinion and practice in medicine and science; and (2) that the poor should likewise have a chance of receiving the medical treatment of their choice as well as the rich.

“The required increase of income may, we would suggest, be provided in the following four ways, viz:—(1.) By gifts for *endowment*. It is of the first importance that the hospital be well endowed. Income from subscriptions is too fluctuating to be relied upon. For this purpose the present capital of the dispensary, after providing for the Roscommon Street Branch, might very properly form the nucleus. Sums of £50 and upwards to be invested, (if so directed by the donors,) and the income arising therefrom used for the general purposes of the combined hospital and dispensary. (2.) By sums given for the

specific purpose of *endowing a bed or beds*, an example of which has been set by the generous conduct of the Misses Moore, late of Deane Road, Fairfield, and now of Roby; and which we trust will be followed from time to time by other benevolent and liberal persons. (8.) By *annual subscriptions for a specified number of years*, examples of which will be seen in the subjoined list. And (4), by *annual subscriptions in the ordinary way*. And here we may point to the distinction of the kinds of medical charity illustrated by hospitals and dispensaries. In the latter attendance and medicines only are given, whilst in hospitals, residence, food and medical and surgical appliances are also provided during the illness. Hitherto the homœopathic public of this town have had no opportunity of bestowing their *hospital* charity on a corresponding institution, and hence all or most of our subscribers have felt it to be their duty to support also the allopathic hospitals, by contributing at the same time to the infirmary or the general hospitals of the town. But, henceforth, we trust they will support the homœopathic hospital to the utmost of their ability, whatever they may feel it their duty to do towards other medical institutions.

“At the same time we think—as showing their appreciation of liberty of conscience and of science—the *general public* should divide their hospital support and give a portion of it to our institution; for we would remind them that those who support homœopathy, are not only advocating the medical treatment they have found to be more curative than the ordinary plan, but are fighting the battle of truth and of liberty of conscience in matters of science. Some people may imagine that because homœopathy is no longer a novelty its initiatory struggle for existence is over, and that nothing more remains but that its exact place in medicine shall be determined by discussion within the profession itself, and with which the public have no concern. This is an entire mistake. The change in medical practice which the influence of the homœopathic theory is destined to bring about must be for the public good, and it cannot but occupy a long time to effect, for it requires a very long and laborious investigation of the actions of medicines, which even the whole profession working together harmoniously could not complete in less than two or three generations. But in the medical profession, as a profession, this cannot be said to have been yet begun, for the vast majority of its members, misled by the prejudice which all new discoveries have to encounter, have refused either to study the question or to take any part in the necessary experiments; and have left the latter to the comparatively small body (in this country at least) who have studied and adopted the homœopathic principle, and they have thereby deprived a large part of the general public of the full resources of medical science.”



The medical officers are Dr. Drysdale, Dr. Moore, Mr. E. Mahony, Dr. Hayward, Mr. E. L. Hudson, Dr. Hawkes, Dr. Smith, Dr. Stuart, Mr. L. E. Williams, Dr. H. C. Quinby, Mr. T. G. H. Nicholson, Dr. Gilbert, Dr. J. D. Hayward, Dr. Ellis, Dr. Gordon, and Dr. Mason, House Surgeon.

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#### TORQUAY HOMŒOPATHIC DISPENSARY.

At the Thirty-Eighth Annual Meeting of this Institution the medical officers reported as follows:—

Patients on the books, January, 1885	...	116
Admitted during the year	... ..	708

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819

Cured	...	...	...	...	307
Relieved	...	...	...	...	229
Unaltered	...	...	...	...	24
Unreported	...	...	...	...	180
Deaths	...	...	...	...	4
On the Books	...	...	...	...	125

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819

The consulting physician is Dr. Mackintosh, and the medical officers are Dr. Midgley Cash and Dr. W. F. Edgelow.

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#### ROYAL COMMISSION ON THE CONDITION OF THE BLIND.

DURING the first week of last month Dr. Roth was examined by the Royal Commission now sitting to enquire into the condition of the blind, and we are sure that the commission would receive from him many valuable suggestions as to the best methods of preventing the loss of eyesight, and also for ameliorating the state of those who unhappily are beyond the reach of cure. Dr. Roth's researches in this department of science and philanthropy have been numerous and important.

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#### THE PERILS OF EMPIRICAL PHARMACY.

THE results of an investigation lately undertaken by Dr. Seaton, the active medical officer of health and public analyst for the parish of Chelsea, must be somewhat disquieting to invalids. He caused 60 medical prescriptions to be made up by chemists, and then tested their accuracy by analysing the medicines so compounded. More than one-third of the number showed an error of over 10 per cent. in the ingredients employed. In nine cases, or nearly one-fifth of the whole, the error exceeded 20 per cent. In one instance the medicine contained less than a quarter of the drug prescribed; in another, less than one half;

in others, 80, 40, and even 57 per cent. too much. A prescription for 12 pills was so carelessly dispensed that some of the pills contained a disproportionately large quantity, and others very little, of the particular poison which formed the chief constituent. This was probably due to the imperfect mixing of the mass from which the pills were made, and the effect of carelessness of this kind might be very serious from a medical point of view. Most drugs are in themselves of very small pecuniary value; but the person who pays 2s. 6d. for a medicine of which the intrinsic worth is 8d. assumes that the greater part of the charge is in respect of the skill and accuracy of the chemist. It would seem, however, from Dr. Seaton's statistics that in a large proportion of instances this essential accuracy is absent. The names of the establishments concerned are not given in the report, but we are told that the number of prescriptions made up by "chemists and druggists" was 80, of which only two showed serious errors; while at co-operative stores 14 were dispensed, of which three had to be condemned. Worst of all was a so-called "Drug Company," to which was confided the duty of compounding four prescriptions, only one of which successfully passed the test of analysis, since, oddly enough, all the remaining three contained a large excess of the chief ingredient specified. Besides these blunders, the examination showed much carelessness in the sale of poisons. In two instances very deadly drugs were sold in ordinary white phials, and in one case there was no label whatever to show that the fluid, which looked just like water, was actually a very formidable poison. This is really a most serious matter, and the official reports on the Adulteration Acts seem to show that the experience of the Chelsea analyst is by no means rare. Out of 8,040 samples of drugs examined by public analysts we find that 589, or nearly one-fifth, have been reported against, and some of the cases are very flagrant. In one instance suspicion was aroused by the death of two dogs, to whom medicine bought as *jalap* had been administered, and an analysis showed that two-thirds of the so-called *jalap* consisted of *strychnine*. This was certainly an instance of the wisdom of throwing physic to the dogs, for it would undoubtedly have killed any human being who swallowed it. At Sheffield prescriptions containing a full dose of some rather expensive drug, such as *quinine* or *iodide of potassium*, were in several cases made up with what proved on analysis to be much less than the prescribed quantity. Many samples of *sweet spirits of nitre* have been found entirely destitute of the *nitrous ether* which is the main ingredient of the real compound. *Cream of tartar* has been found largely mixed with *sulphate of lime*, and *tartaric acid* with *lead*. *Tincture of rhubarb* bought at one shop has proved to possess only half the strength of that

bought at another. A cheap substitute called *cinchonine* has been substituted for *quinins*; *paregoric*, which ought to consist chiefly of *opium*, has contained no *opium* at all, and so on. The worst of it is that the public are completely in the hands of the chemists in this matter. If a prescription does not produce its intended result the patient is apt to assume tacitly that the fault lies with his own organisation and not with the quality of the medicine. If the strength is unduly low a person may take large doses without apparent effect, and if he is then suddenly supplied with the medicine of the standard of the British Pharmacopœia the change may be attended with surprising and even disastrous results. At any rate, we have said enough to show that reform in this matter is urgently needed. We believe that under the Pharmacy Act the Pharmaceutical Society has considerable powers with regard to the dispensing of medicines, and it seems clear that those powers ought to be exercised.—*Morning Post*, Feb. 25th, 1886.

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#### LAYING THE FOUNDATION STONE OF THE MEDICAL EXAMINATION HALL.

THE Foundation Stone of the Hall to be erected by the Colleges of Physicians and Surgeons on the Thames Embankment for the purposes of examination was laid on the 24th ult. by Her Majesty the Queen amid great ceremony. After Her Majesty had taken up her position, the choir of the Chapel Royal had sung two verses of the National Anthem, the Archbishop of Canterbury had offered prayer, and the Choir had again sung a hymn composed by the late Prince Consort, Mr. Savory, President of the Royal College of Surgeons, with Sir W. Jenner standing at his side, then read the following joint address of the two Colleges:—

“ We, the Royal College of Physicians and the Royal College of Surgeons of England, who owe our foundation to Royal favour, and to whom for many years the responsible duty of granting diplomas for medicine and surgery has, by Royal Charter, been entrusted with the view to the further advancement of medicine and surgical education, have recently combined to establish joint examinations in medicine and surgery, and the sciences on which they are founded. We hope by these means not only to remove many of the existing difficulties in the way of students, but also to render the examinations more complete and satisfactory. And in order to promote the convenience and efficiency of this important step, we have undertaken to erect this hall, in which the examinations will be conducted, and which will be entirely devoted to that purpose. We cannot but regard it as a happy omen of the future success of our undertaking that your Majesty has been graciously pleased to

inaugurate this good work by your Majesty's presence here to-day; and we desire to express to your Majesty the great sense of the distinction which has been therefore conferred on the two Colleges and the profession. In witness thereof we, your Majesty's loyal and dutiful subjects, have caused our common seals to be hereunto affixed this 24th day of March, 1886."

Her Majesty replied as follows:—

"I thank you for your loyal address. It is with sincere pleasure that I lay the foundation stone of the building which you propose to erect. I cordially concur in the hope which you have expressed that this undertaking, in which I take a deep and personal interest, may largely contribute to the further advancement of medical and surgical education. The establishment of this hall is mainly due to the efforts you have made, in conjunction with the President of the Royal College of Physicians, with whom I have been long personally acquainted, and whose eminent abilities and far-seeing knowledge have justly placed him in the foremost rank of those who have benefited mankind."

Her Majesty repeatedly acknowledged the cheers which greeted her reply, and the Presidents then handed her a short account of the origin of the proposed Hall, and a list of the members of the two corporations. These, with copies of current newspapers and a number of coins of the present year, the Queen placed in two glass vases, and the stone was then lifted by the builders, Messrs. Higgs and Hill, who were dressed for the occasion as superior masons, and the vases placed by her Majesty in the cavities beneath. The architect, Mr. Stephen Salter, next handed the Queen a superb silver-gilt trowel, ornamented in the style of the Renaissance, and bearing the Royal and Imperial crown on the handle. With the assistance of the Prince of Wales she spread the mortar beneath the stone, which was at once lowered into position, and, after tapping it with the mallet, her Majesty declared it, amid renewed cheers, to be well and truly laid. The stone bears the following inscription in deeply-cut gilt letters:—"Victoria, Queen of Great Britain and Ireland, Empress of India, laid with her own hand this foundation stone, 24th March, 1886."

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### THE CHEMIST AND DRUGGIST.

This carefully-edited and well-managed periodical has hitherto been published monthly. As such it has been a great success, now, however, it will in future appear once a week, and we doubt not that its popularity will increase with its more frequent publication.

"We want," writes the editor in the number issued on the 6th March, "*The Chemist and Druggist* to be not only the newspaper for the trade, but also the expression of the views of the trade. We regard it as our primary duty to collect and convey news affecting pharmacy, and we include in that description scientific, political, commercial, legal and personal subjects. It is our business to publish such news to the extent that our space will permit without a shade of bias. We have no right to let personal prejudices influence us in any degree in the records of events which it may become our duty to publish. On these events we shall no doubt express opinions; but we claim no monopoly of judgment in regard to these, and shall always welcome the temperate exposition of views which may be opposed to our own."

These are the principles which have been conspicuous in *The Chemist and Druggist* of the past, these are the principles the acting upon which has led to the success it has achieved, and it is by carrying out such principles that this success will be continued and be still further developed in the future.

#### VICARIOUS CHARITY.

"A LADY of Quality," a peeress, to wit, sent her butler to a well known physician, a man who, were we at liberty to mention his name, would be generally regarded as one of the busiest men in London, with the request that her patient might be examined and prescribed for, gratuitously of course. "My good man," said the physician, "as you are my lady's butler, you are not a suitable person to be treated at the hospital, where I see poor patients for nothing; in my own consulting room my time is too valuable; here is a guinea, go and see my junior colleague, Dr. ———; he is not so busy as I am, and will be able to advise you for that fee." Her ladyship, it is interesting and instructive to learn, repaid the fee next morning. The moral is plain. The profession, as a whole, does so much charitable work, that many people seem to expect that every member is to give his time and labour at any time and any place, and to any extent which may be most convenient to the patient or his friends. Quite a large enough proportion of the people who go to hospitals have no right to gratuitous advice, and it is asking rather too much of even the most patient and long suffering, to expect that a still more well-to-do class, too fastidious to go to hospitals, should be allowed to invade private consulting rooms during the morning hours which are dedicated to remunerative labour. No other profession has such claims made upon it. If the butler had been in some legal difficulty, would the family lawyer have been expected to advise him *gratis*? We trow not.  
—*British Medical Journal*.

## OBITUARY.

## RICHARD TUTHILL MASSY, M.D.

A GENIAL, kind-hearted man has, to the deep sorrow of many warmly attached friends, after an illness extending over many years, been taken from us in the person of Dr. Massy.

RICHARD TUTHILL MASSY was born in Limerick, in 1820, where he received his early education. He subsequently passed to Trinity College, Dublin, when he took the degree of B.A. He became a licentiate of the Royal College of Surgeons of Ireland in 1848, and after spending a session at the University of Glasgow took the degree of M.D. thereat in 1844. Early in his career his attention was drawn to homœopathy, and when thoroughly convinced of its truth he re-commenced practice at Worcester in 1850. Here, at this time, resided Sir Charles Hastings the founder of the Provincial Medical and Surgical Association, a body which at this period was distinguished by the bitterness of its hatred towards homœopathy, and the unscrupulous means used by its members in their efforts to injure the practitioners thereof. Of the insults and petty annoyances which were dealt out to Massy at this time by Sir Charles and his medical brethren in the city it is needless now to write. Suffice it to say that our friend possessing the most buoyant of spirits regarded them more as sources of "fun" than anything else, and seeing the attendance at the Worcester Homœopathic Dispensary doubled during the second year of its existence was a sufficient reply to all the malicious fables regarding himself and homœopathy, which were invented and circulated to dissuade the Worcester people from consulting him, while the growing circle of patients, and the attachment all displayed towards him, afforded ample compensation for any worry his devotion to homœopathy entailed upon him.

Dr. Massy took great interest in ethnological studies, and published, many years ago, an interesting book entitled *Analytical Ethnology*. His contributions to medicine were few. One, on homœopathy, entitled *Mild Medicine in Contradistinction to Severe Medicine*, was well written, the facts and data were carefully and judiciously selected, and the arguments close and pointed. He also published a little book called *Notes on New American Remedies*, which has passed through several editions. Several papers by him on climate and subjects of a medical bearing have appeared in this *Review* and in *The British Journal of Homœopathy* from time to time. After practising in Worcester for ten years he migrated to the neighbourhood of London, residing first at Sydenham, and afterwards at Surbiton, whence he removed, about 20 years ago, to Brighton. Here, with the exception of a brief interval, when he lived at Redhill, hoping

that he might derive advantage from its bracing air, he has since resided.

Though continuing to practise, until he became completely disabled some months ago, Dr. Massy has for many years been a sufferer from disease of the spinal cord, which he believed originated in a fall from a gig some years ago. Disease steadily though slowly progressed in spite of all efforts to arrest its progress, power gradually failed in the lower extremities, and he became paraplegic. During the last six months his condition deteriorated rapidly; memory was often at fault, speech became more and more indistinct, aphasia was occasionally noticed, drowsiness was almost constant, ptosis of the left eyelid and weakness of the facial muscles followed, and finally, about two days before his death, the right eye-lid was paralysed, he lapsed into an apoplectic state, and shortly afterwards passed away.

Dr. Massy's lively cheery manner, the interest which he so evidently took in his patients, the active sympathy he ever showed with suffering and sorrow of every kind made him a very popular physician, and he has left behind him a large circle of attached friends, who, with his widow and daughter, mourn his loss.

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#### WM. ROWBOTHAM, ESQ.

THOUGH known to but few beyond his immediate circle of patients and friends, there is, we are sure, no one who had the pleasure and advantage of his acquaintance who will not learn with more than regret that Mr. Rowbotham, of Woolwich, died somewhat suddenly on the 17th of January last.

WILLIAM ROWBOTHAM was the fourth son of Samuel Rowbotham of Congleton, in Cheshire, where he was born on the 16th January, 1819. His father was a silk manufacturer, and like many others in the same business was so seriously injured by foreign competition that in straitened circumstances he was obliged to give up his mill and remove to Manchester. His son was anxious to enter the medical profession, but this the failure of the silk trade rendered impossible, and he was sent to business in a Manchester warehouse. Shortly after his marriage, at the age of 28, he went to London and entered the service of the London City Mission, his station being Woolwich. Here he had a severe typhus fever and it was while convalescing from this illness that his attention was drawn to homœopathy, with the result of his becoming profoundly convinced of its truth. His early *penchant* for medicine led him to endeavour to assist the poor he visited as a missionary in their illness, and when he adopted homœopathy his success increased and with it his desire to enter the ranks of the profession. In 1855 he retired from the mission and entered at Guy's Hospital, and in 1859 he

became a member of the Royal College of Surgeons. He at once commenced practice in Woolwich where he has since resided.

Mr. Rowbotham was a thoroughly hard-working member of our profession, and this in spite of being harassed during the whole of his career by periodically recurring attacks of gout. His practice was one of considerable extent, and his patients who, one and all, were most deeply attached to him, as a kind and skilful medical adviser, ever ready and ever anxious to assist those who were in the habit of looking to him for help in the hour of sickness, deeply deplore his death. While throughout the town and neighbourhood of Woolwich his thoroughly consistent Christian character and his devotion to the best interests of the poor had caused him to be held in high esteem by all classes of society, and his death to be most sincerely lamented by all his neighbours.

His death appears to have been caused by sudden failure of the heart's action; he had seen and prescribed for patients within four hours of its occurrence.

Mr. Rowbotham married early in life and leaves a widow and eight children. Of his three sons two are members of their father's profession.

## CORRESPONDENCE.

*To the Editors of the "Monthly Homœopathic Review."*

"SHALL I PRESCRIBE OR DISPENSE MY  
MEDICINES?"

DOCTORS AND CHEMISTS.

GENTLEMEN,—May I say a word for the homœopathic chemist? In a new science like homœopathy he has his place of usefulness as well as the doctor, he has greater power for advertising, greater power, in some ways, of keeping homœopathy before the public, and, provided a liberal, kindly and intimate feeling can be maintained, nothing but good can arise from the united action of both doctor and chemist. I do not wish to be egotistical, but take, for instance, my own case. When I first opened in this city homœopathy was regarded as a sort of mystery, many persons slightly favourable to it did not like their names connected with the dispensary, and the open adherents of the system were mostly a limited number of those who, by position, did not fear, or by intelligence were inclined, to join the new cause. But I advertised in all the papers; on one occasion, to give a stand to the system, I had two large advertisements inserted in our chief journals, of the London Homœopathic Hospital Bazaar, with all its many distinguished patrons. I obtained subscribers for



journals, magazines and cipher repertories, kept a library of most books, from "Dunsforth's Effects" to "Arndt's System of Medicine," and in many other ways, which it would only be like puffing oneself to describe, gradually became a factor in making homœopathy known. Of necessity, I had to prescribe in a little way—without wishing to trench on the domain of the doctors, who were my best friends—it could not be helped; old homœopaths would look in to see "Hughes" or "Arndt," new disciples, before being willing to throw off the old yoke, would steal in to try the effect of some potent remedy, it would have been folly and opposed to one's nature not to have been open, and to have answered their questions; and surely if a "Clarke" may write a "prescriber," which one of our own M.D.'s pronounced to be "too-bad,"—because it endeavours to make everything so plain—a poor chemist is not to be boycotted for recommending a dose of *staphysagria* for a decayed tooth.

But apart from this, there ought to be no jealousy; if the chemist can conscientiously feel that he does not lay himself out for prescribing, his tentative efforts in this line ought to be felt to be the preface to the introduction, and not really to interfere with, but rather to help on, an M.D. worthy of the title. The chemist should be supported, and, if he is conscientious, deserves to be. With the present competition, it is very difficult for him to maintain a good appearance without prescriptions, and the general trade which prescriptions bring him. A bottle of medicine will last an individual a year, whereas that of a prescription is taken in a week, hence prescriptions become the chemist's daily bread.

Let us be *liberal, united, and, above all, true to homœopathy.*

*Liberal and earnest* in disseminating the truth to all around, and in allowing each to have some of the emoluments, as well as the glories of the fight.

*United, and success is certain.*

But above all, be *true to homœopathy.* It is a noble science, and not nearly worked out yet—don't let us draw as near as we can to allopathy, or maintain that there is but little difference now between the old and new schools of medicine. Modern allopathy is not homœopathy; if we acquiesce in the idea that it is, as some appear anxious to do, our reason for a separate existence ceases—our enthusiasm deadens—and the great interest which our cause is capable of evoking suffers loss. Let us maintain, as I believe we can do, with perfect truthfulness that true homœopathy is, to-day, as superior to all other methods of cure as it was twenty years ago, and we shall have the same enthusiasm on our side now as we had then.

Yours truly,

Bath, March 5th, 1886.

EDWARD CAPPER.

## NOTICES TO CORRESPONDENTS.

\* \* \* *We cannot undertake to return rejected manuscripts.*

### ERRATA.

Page 162, line 19 from the top, for LAMBRECHT read LAMBRECHTS.  
Page 164, line 2 from the top, instead of "each numbers 80 members,"  
read "each numbers 80 members."

We are requested to notice that Dr. HARMAR SMITH has removed from Ramsgate to Malvern.

Communications, &c., have been received from Dr. BOTH, Dr. GALLEY BLACKLEY, Dr. S. F. SMITH, Mr. G. A. CROSS, Mr. K. COCHRAN (London); Dr. CASH (Torquay); Dr. HUGHES, Dr. METCALFE (Brighton); Dr. H. SMITH (Malvern); Dr. GUTTERIDGE (Bradford); Dr. LAMBRECHTS (Antwerp).

The Dispensary Reports of Glasgow and Bradford have been received, and will be noticed next month.

## BOOKS RECEIVED.

*Leçons de Cliniques Médicales.* Par le Dr. P. Jousset. Paris: Baillière & Son. 1886.

*A Cyclopedia of Pathogenesis.* Edited by R. Hughes, M.D., and J. P. Dake, M.D. Part. III.: *Arnica—Berberis.* London: Gould & Son.  
*Mind your Eyes!* By F. Sarcey. Translated by R. E. Dudgeon, M.D. London: Baillière, Tindall & Cox. 1891.

*Empyema. Twenty-four Cases.* By H. C. Clapp, M.D. Boston: Rand, Avery & Co. 1886.

*The Homœopathic World.* March.

*The Hospital Gazette.*

*The Chemist and Druggist.*

*The Monthly Magazine of Pharmacy.*

*The Ironmonger and Metal Trades Advertiser.*

*The North American Journal of Homœopathy.* March.

*The American Homœopathist.* New York. March.

*The New York Medical Times.* March.

*The New England Medical Gazette.* Boston. March.

*The Hahnemannian Monthly.* Philadelphia. March.

*The Homœopathic Recorder.* Philadelphia. March.

*The U. S. Medical Investigator.* Chicago. March.

*The Medical Advance.* Ann Arbor. February.

*Bibliothèque Homœopathique.* Paris. January.

*Revue Homœopathique Belge.* Brussels. January.

*Allgem. Hom. Zeitung.* Leipsic. March.

*Leipziger Populäre Zeitschrift für Homœopathie.* Leipsic. March.

*Rivista Omiopatica.* Rome. February.

*La Reforma Médica.* Mexico. February.

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THOUGHTS ON MATERIA MEDICA,  
SUGGESTED BY WORK ON  
THE CYCLOPÆDIA OF DRUG PATHOGENESY.\*

By R. E. DUDGEON, M.D.

THE investigation of the actions of medicines on the healthy human body is beyond all doubt the most important work for the perfecting of homœopathic therapeutics. When Hahnemann became convinced of the truth of the homœopathic rule he at once saw that it could not be applied in practice unless the positive effects of a considerable number of drugs were known. In 1796, when as yet he imagined that the homœopathic rule was only applicable to chronic diseases, he held that medicines must be tested on the healthy human organism in order to discover remedies for these diseases. In the article written in that year—*Suggestions for Ascertaining the Curative Powers of Drugs*—we see that he had already made a few trials of medicines on himself, but he seems to have thought that he could gain a useful amount of pathogenetic material from the

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records of poisonings and overdoses of drugs scattered throughout medical literature, many of which he collects in this essay. But it is evident that he soon became convinced of the insufficiency of this source, and with an energy and self-sacrifice that command our admiration, he set himself to prove medicines on himself and the members of his own family; for as yet he had no disciples; and the results of these provings he published in 1805 in two volumes—his well-known *Fragmenta*—the title of which shows his consciousness of their imperfect character. After this he persevered for five more years in his solitary provings, so that when, in 1810, he published his *Organon*, containing a full exposition of his doctrine, he was able to offer the following year some of the more extended and elaborate provings he had made, in the first volume of the *Materia Medica Pura*. The necessity for haste in the production of the material from which alone the homœopathic therapeutic rule could obtain a practical application, is, I think, chiefly to blame for the faulty character of the manner in which this material was first presented to the medical world. To himself, who had tested the drugs and had thereby become perfectly conversant with the manner in which their pathogenetic effects had been developed, the schema in which he arranged the observed symptoms would suffice to remind him of the true character of the artificial diseases produced by the various drugs. But to one who has not tested the medicines on his own person, or on subjects immediately under his eye, the severance of the symptoms from their natural connection, as we see in the Hahnemannian schema, is fatal to the endeavour to ascertain the true inter-dependencies and sequential order of these artificial diseases. That Hahnemann, in his subsequent volumes of *Materia Medica*, when he was aided by many willing disciples, should have still adhered to his original method of presenting the symptoms ascertained by proving, is not to be wondered at, for he had found it to answer very well at first and he would naturally be unwilling to introduce a change. But that many subsequent provers, who were daily adding to the number of drugs tested on the healthy human being, should have slavishly stuck to the Hahnemannian form of presenting the symptoms speaks more for their loyalty to the master than for their intelligence. Another characteristic of Hahnemann's provings is, that though in the pathogeneses of most of his medicines a considerable number of

symptoms is said to be from himself, it is evident from internal evidence that they were observed in different persons, though this is nowhere stated, and no distinguishing sign is applied to the symptoms to show that they are derived from different subjects. We see that this is so by the fact that some of the symptoms are ascribed to a male, some to a female, or even to a child. Consequently we cannot, by collecting together all the symptoms of a medicine proved by Hahnemann, form any connected history of a medicinal disease even in those cases where the period at which the symptoms occurred is stated. This bad plan has been adopted by many of Hahnemann's fellow-provers, more especially by Stapf, Gross and others, who jumble together the symptoms observed by them on themselves, and on several men, women and children. This seriously detracts from the value of the provings, for it is impossible to unravel from them the history of the medicinal diseases they produced in different subjects. Nor, with very rare exceptions, are the doses that were employed in the provings mentioned. In some of the earlier provings of other observers the names and qualities of the persons who took part in them are given, and even the doses they took are stated, but in the schema no indication is given whereby we can distinguish by whom the different symptoms were observed.

Later provers have generally avoided this serious defect in their records of their provings. The Austrian Society is distinguished meritoriously by the care they have taken to give the provings of each worker separately, indicating the doses taken, the period after the ingestion of the drug when each symptom occurred—in short, the full and accurate history of the medicinal diseases developed in each. In fact, the Austrian provings are models of what provings ought to be, and since they were published most provers in other countries have imitated them more or less exactly.

The provings of Jörg, who was a declared opponent of homœopathy, and seems to have undertaken his laborious task principally with the view of demonstrating the fallacy of Hahnemann's therapeutic rule, are also models of carefulness, accuracy and precision. Far from proving the fallacy of homœopathy, they have been of immense value to our Materia Medica, and I am not aware that they have met with the slightest attention from the school to which Jörg belonged.

British homœopathists have contributed few provings, but as a rule these few will bear comparison with the best that have been made in other countries. I need only mention the *kali bichromicum* of Drysdale, the *naja tripudians* of Russell, the *crotalus horridus* of Hayward and the *uranium nitricum* of Blake, which are all excellent examples of useful and well proved medicines, presented in a way that renders it easy to the reader to acquire a thorough knowledge of their physiological effects and therapeutic uses.

As a rule, the provings of our American colleagues have been conducted in a scientific manner, and are fully up to the mark required by the student and practitioner, though this praise cannot be accorded to all the provings we have received from beyond the Atlantic. Thus the Brazilian provings of Dr. Mure are objectionable on several accounts. Some of the substances taken for experimentation do not appear to belong to the class of medicaments at all, such as *pediculus capitis*, the skin of a deer and of a dolphin, guano and diseased potato. Then the dose given is scarcely ever stated, and as regards many medicines we are not even informed by whom the proving was made. This is the more regrettable, for some of the drugs proved by Dr. Mure and his friends seem to be of a very potent kind, and worthy of careful investigation as to their effects.

Nor can we admit that it was a "happy thought" of Dr. Reisig to infer poisonous qualities in high potencies of substances which are commonly used as articles of ordinary diet. This fad has given us provings of skim milk, white sugar, sugar of milk, and bitch's and cat's milk. Such provings receive no countenance from Hahnemann, who says (*Organon* § 122): "No other medicines should be employed [for proving purposes] except such as are perfectly well known, and of whose purity, genuineness and energy we are thoroughly assured." It may be said that some of his so-called anti-psoric remedies, such as *silica*, *sepia*, *calcareo*, *lycopodium*, *graphites* and the *carbos* do not fulfil these requirements; still, with the exception perhaps of *silica*, they had all been occasionally employed for medicinal purposes, and even *silica* was a component part of many mineral waters, whose therapeutic virtues might partly be attributed to its presence in them.

The editors of the *Journal of the Berlin Homœopathic Society* do not seem to share my opinion with regard to

the unsuitable character of such substances for provings, for in the last number of their periodical they have given a full translation of Swan's proving of *lac caninum* with all its wonderful symptoms said to be caused by a few doses of dilutions from the 30th up to the 500,000th. The editors of the *Cyclopædia* will of course reject all so-called provings of this character. I may mention that the *Materia Medica* department of the *Berlin Journal* does not seem to be conducted with the same judgment and discernment that characterise some of its other portions, for it is at present engaged in publishing a translation of the late Dr. Hering's very imperfect, and I should say useless, *Condensed Materia Medica*.

Some medicines whose therapeutic value we acknowledge in our daily practice have assuredly not obtained their actual high place in our estimation by the recorded provings of them by members of our school. Such a medicine is *berberis*, of which we possess a proving by Dr. Hesse (in the *Journal für Hom. Arzneimittelehre*, vol. 1, pt. 1), the schema of which occupies 90 pages, comprising 1,212 symptoms. This is about as bad a proving as can be found. Hesse tells us that the provers were himself and four others, and that they took at short intervals two or three pretty large doses of the drug. He does not give the day books of the provers, but only records the symptoms in schema form, without any indication whatever of the provers to whom the symptoms recorded belong, and he gives hundreds of symptoms—many of the most trivial and commonplace character—which he tells us occurred weeks and months after the medicine had been taken; sometimes, indeed, as long as nine months after taking the drug.

Rubini's proving of *cactus* has all the faults we have attributed to Hesse's proving of *berberis*. The provers were himself and his wife, but he does not distinguish the symptoms that belong to each, nor does he mention what doses were used nor when they were taken. Moreover, the symptoms of cases treated with the medicine are mixed up with those derived from his provings without any distinctive sign. Under these circumstances it is astonishing that we have gained any accurate knowledge of the pathogenetic effects and therapeutic powers of the drug, and I have no doubt many of my hearers, like myself, have been disappointed with its effects in practice, which do not always correspond with the expectations

raised by the enthusiastic recommendations of its introducer.

Nuñez's proving of *tarantula* was made chiefly with globules of the 6th to 12th dil. One very impressionable woman took the 3rd trit. One prover, Dr. Tejidor, proved the 12th and 200th, but was obliged to leave off the latter as the effects were so violent. The symptoms in the volume are all huddled together, without indicating time of occurrence or dose; in short, it is a proving that is hardly admissible into a work like the *Cyclopædia*.

The height of grotesqueness in the matter of provings was reached by Wolf, of Berlin, who proved *thuja* by giving to about 100 persons one globule of the thousandth dilution, and recording all that happened to these persons for months and years afterwards, a violent attack of confluent small-pox occurring many months after the taking of this powerful dose being calmly attributed to the action of the globule. Houat's volume of provings deserves to be classed with this one of Wolf. But recently we have, in the *Allg. Hom. Zeitung*, the climax of absurd provings furnished by Buchmann, who gravely records the effects caused on sensitive subjects by merely holding in their hands a well-corked bottle of some highly potentized drug. A parallel to such provings is shown in the experiments lately recorded in French periodicals, where the specific effects of various drugs were elicited in hysterical subjects by holding the medicine, wrapped up in paper, at some distance behind the subject's head. These effects are vouched for by the high authority of the celebrated Professor Charcot, but notwithstanding this, we must refuse to all such transcendental pathogeneses admission in to our *Cyclopædia*.

The industrious symptom-manufacturer, Nanning, was too much even for Hahnemann, who does not always display sufficient caution in accepting as the genuine effects of medicines the symptoms furnished to him by some of his disciples. Among his most prolific symptom-providers, Langhammer is conspicuously untrustworthy. The provings of this gentleman have been severely criticised by the late Dr. David Roth, and, indeed, a very superficial inspection of them will show that they are remarkably alike whatever medicine he was engaged in examining. Contributions from such unscientific and incompetent observers serve only to overload our *Materia Medica* with a mass of worthless symptoms, which we can hardly get rid of since they have



been accepted by Hahnemann and incorporated with the better provings of his *Materia Medica Pura*.

Among the most diligent and industrious of provers in recent times must be reckoned Dr. James Lembke, of Riga, who has proved a large number of drugs upon himself, and carefully and conscientiously recorded their effects, giving us his daily—I may almost say his hourly—diary of the symptoms he observed. But, as with most voluminous provers, the amount of trivial and commonplace symptoms is greatly in excess of the characteristic specific effects of the drugs he proved, and it must be confessed that his provings are generally very uninteresting, not to say wearisome, and might well bear considerable condensation. Dr. Hencke, also of Riga, is an almost equally zealous and faithful prover. On the whole Riga seems to be favourable to the production of provers. Besides experiments made with drugs upon themselves, or persons under their observation, by partisans of the old school, we find some invaluable material for our purpose in the recorded effects of large doses of drugs given to patients for diseases of a fixed and determined character. As an example I may point to Foster's large doses of *lactic acid* given to diabetic patients, on whom the drug produced exquisite pictures of arthritic rheumatism or gout, which marks this substance as a valuable remedy for that disease.

The task of sifting and criticising the material furnished from so many different sources is not easy, but the editors of the *Cyclopædia* have attempted to perform it. That they have perfectly succeeded it would be rash to assert, but at all events they have, to the best of their ability, given a revised and improved account of the positive effects of the remedies they have admitted into their work; and if they have, in the opinion of some, abridged some provings which seemed to them needlessly spun out, and admitted others which in the opinion of others might have been omitted without loss to our therapeutics, they felt that they must steer a middle course between the extremists on either hand, and I believe the great majority of the earnest students of homœopathy will allow that in the *Cyclopædia* they, for the first time, possess a treasury of reliable medicinal effects which will prove equally useful to the student of drug action and to the scientific therapist, and which will serve in all future time as the material from which a perfect *Materia Medica* may be constructed.

## DISCUSSION.

Dr. POPE said that he thought that Dr. Dudgeon's paper showed how great a responsibility rested upon those who undertook the provings of medicine. It was upon the fulness and accuracy with which they recorded their experiments that we, as practitioners, were dependent for much of our success at the bedside. It also showed how careful homœopaths were in estimating the importance they should attach to the results of individual experiments. Very great responsibility also rested on those who undertook to examine our now bulky records of drug experiments for the purpose of sifting the untrustworthy and the doubtful from the reliable symptoms attributed to the action of different drugs. To do this was the arduous, important and responsible work undertaken by the editors of *The Cyclopædia of Pathogenesis*, and that it had been well done, and thoroughly well done, would be at once admitted by those who had given any attention to the two parts which had been in our hands for some little time, and to that which had just appeared. For the care and time which the editors, Dr. Hughes and Dr. Dake, had bestowed upon this work, their society and English speaking homœopathic practitioners all the world over were very, very deeply indebted. (Cheers.) The records given in *The Cyclopædia* might be regarded as being absolutely reliable. The importance of their being so could not, he thought, be exaggerated. This quality rendered the volume one the careful study of which would prove of the utmost value to the student, would give him a knowledge of the *Materia Medica* that no other work on the subject could do. And when the time came for the publishing of an index to the vast category of symptoms it would be equally valuable to the practitioner. With much that Dr. Dudgeon had said in criticism of the various provers, he agreed, but he certainly entertained a higher opinion of Lembke's experiments than Dr. Dudgeon appeared to do. He had read many of them, and they seemed to him to be very fairly trustworthy and useful.

Dr. COOKE (Richmond) said that he had recently been making enquiries into the reality of homœopathy. When he first began these enquiries he was a good deal staggered by the multitude of minute symptoms attributed, in works on symptomatology, to different drugs. To solve this difficulty he determined to make a series of experiments on himself with a drug; for this purpose he selected *cedron*, and continued to take daily doses of it for some time. He began with one grain, gradually increasing it up to six grains at a dose. He found many decided symptoms of its action to occur, all of which he carefully noted. But among

these were many that were not recorded in the provings already published, while many that were published did not occur in him. He, however, utilised in practice such symptoms as he had observed. Taking them as his guide he prescribed this medicine according to the law of similars in many cases, and the results he had obtained in doing so were certainly very remarkable and striking.

Dr. NEILD said he had listened with great pleasure to the remarks of Dr. Cooke; for provings, such as he had made of *cedron* were of special value. He (Dr. Neild) had had the fortune or *misfortune*, early in his medical life, to get into rather heavy work, and therefore it had been difficult for him to work by the repertory and *Materia Medica* so much as he would have liked to have done, and under these circumstances he had often found that his ordinary knowledge of the action of drugs stood him in good stead. He instanced *elaterium*, which he first prescribed in a chronic case of "squirting" watery diarrhoea, at a time when he only knew that remedy by his remembrance of its use in hospital practice. *Cactus* again was a medicine of which we have only comparatively short provings, and the pathogenesis of which we can easily grasp, and with what certainty and satisfaction do we prescribe it! Short provings, with the symptoms given in the order in which they occur, would be likely to be more useful to junior practitioners than the detailed provings. Dr. Neild referred also to the satisfaction he felt in being able to meet with the lecturer and others present, whose names he had long honoured as the leaders of our school.

Dr. DYCE BROWN said that though he had nothing to remark on the paper, he might be allowed to answer Dr. Cooke's questions, and clear up the difficulties occurring to the mind of an enquirer. Dr. Cooke must not be disappointed if he found that certain symptoms mentioned in a drug-proving were not developed in himself, while others not previously noted had been. Here we saw the importance of having a drug proved by several provers, as, while the broader features of drug-action were developed in every one, the minor symptoms were not equally so, but certain of them occurred in only a minority of provers, and some only in a very few. In order, then, to obtain an all-round full picture of drug-action, we have to observe its effects on several provers, and compare the results. Again, the mere fact of one prover obtaining only negative results does not prove the inertness of a drug. It merely shows an idiosyncratic state of an individual. As an illustration of what he meant, Dr. Dyce Brown stated that some years ago he had commenced a re-proving of *conium* on himself, beginning with high dilutions, and coming down to the mother tincture, one

dose every morning half-an-hour before breakfast. He gradually increased the dose till he took 7 drachms of mother tincture with no more effect than if he had taken cold water. Thinking the preparation might have been a bad one, he took the *succus conii* (B. P.) in the same way till he had got to 7 drachms, with an absolutely negative result. He then gave it up, as larger doses would have involved a proving of *alcohol*. No one, however, would say that *conium* is an inert drug on that account.

Dr. RENNER asked what the "keynotes" were which determined use of drugs. How were we to determine the relative value of different symptoms?

Dr. HUGHES would add to what Dr. Dyce Brown had said in reply to Dr. Cooke, that the order in which his symptoms under *cedron* developed might well have differed from that of the *Materia Medica*s, as the latter was artificial; and that the therapeutic applications of the drug would doubtless be enlarged by his proving, which he hoped would appear in one of our journals. In speaking of *elaterium*, Dr. Nield, he thought, was quite right in wishing the fundamental pathological action of a drug put in the foremost place; but to differentiate it from others having a similar action we needed also the finer shades of its working. He expressed his warm appreciation of the paper read, and took the opportunity of saying that Dr. Dudgeon's aid had been to the editors of the *Cyclopaedia* simply invaluable and indispensable. The thought that had most frequently occurred to his own mind while working at this undertaking had been the singular worthlessness of the contributions to the *Materia Medica* of what he might call the sub-Hahnemannian epoch. When he studied the lists of symptoms, without any information as to how they had been obtained, which were then published as pathogeneses, he hardly knew which most to wonder at—the audacity which could put forth such things, or the credulity which could accept them. Their authors were not only the Mures, Honats and Nennings whom Dr. Dudgeon has so justly stigmatised. Among them he was compelled to include Petroz of France and Hering of America. The symptom-lists issued by the former, purporting to be obtained by the dilutions from the 4th to the 6th, contained a number of utterly impossible phenomena; and only one of them—that of *asteria rubens*—had as yet been found admissible into the *Cyclopaedia*. Constantine Hering, though belonging to the ultra-Hahnemannian school, he had once supposed too shrewd to partake very largely of its illusions. In his last work, however, the *Guiding Symptoms*, he found in his prefaces to the several medicines a constant preference of the bizarre and apocryphal over that which rested on solid ground. Langham-

mer (of whom Dr. Dudgeon has told us enough) is singled out by him for commendation as a prover; and Housat's inventions are admitted *in toto*. On the other hand, *agaricus* is said to be "over-proved," because of the splendid experiments of the Austrian Society; *arsenicum* is declared rarely applicable in practice, because its pathogenetic effects are mainly taken from cases of poisoning, and are "too like" the symptoms of disease: and we are informed that we have no real knowledge of the physiological action of *atropia*. One who can judge thus perversely is hardly to be trusted as a conductor of provings, and those issued by him have been found to be of very inferior quality. It is from the burden of these pathogeneses that the present revision of the *Materia Medica* would free us; and only those who had worked at it knew how much rubbish had had to be cleared away.

Dr. ROTH (in the chair) referred to the efforts made by his brother, Dr. D. Roth, and by Langheinz to sift the chaff from the wheat in our records of drug symptoms and to the unfavourable manner in which these efforts were received. He was very glad to witness a more critical spirit at work at the present time.

Dr. DUDGEON said that as his paper had not been criticised there was no need for him to say anything in reply. He had alluded to Langhammer's unsatisfactory provings, and he could say that if any one took the trouble to examine them he would find that with strange perversity he recorded dilatation or contraction of the pupil as the effect of all the medicines he proved which we should have thought least likely to cause those symptoms, while all the medicines which we should have expected to produce this phenomenon, in his provings did nothing of the sort. Thus among the medicines which produced in him dilatation, or contraction, or both, we find *angustura*, *arnica*, *aurum*, *calcareo acetica*, *cina*, *drosera*, *cyclamen*, *arsenicum*, *cocculus*, *ledum*, *menyanthes*, *ippecacuanha*, *mercurius*, *manganese*, *muriatic acid*, *oleander*, *phosphoric acid*, *sambucus*, *stannum*, *staphisagria*, *taraxacum*, *ruta*, *thuja* and *verbascum*; whereas neither contraction nor dilatation were observed from *digitalis*, *helleborus*, or *hyoscyamus*. Such anomalies destroy our confidence in this person's provings, and probably there were others among Hahnemann's fellow-provers who were equally untrustworthy.

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## BELLADONNA.\*

By RICHARD HUGHES, L.R.C.P. Ed.

NATURAL HISTORY.—The drug before us is the *atropa belladonna* of Linnæus, one of the solanaceous group of plants, having for its fellows (among others) *hyoscyamus*, *stramonium* and *tobacco*. It is the deadly nightshade of common English nomenclature; in other countries it seems to be known by its botanical (originally Italian) name. In old Latin writers it appears as “*strychnomania*” and “*solanum furiosum*” or “*manicum*.”

Analysis has detected in the plant, besides inert constituents, and others (pseudo-toxin, phytocolla, &c.) of uncertain action, the alkaloid known as *atropia*, and another called by Hübschmann “*belladonnine*.”

PHARMACY.—In homœopathic practice *belladonna* is used in the form of a tincture prepared from the entire fresh plant, for which purpose it is gathered when in full flower. *Atropia* is triturated, or dissolved in rectified spirit: the sulphate is also officinal, in aqueous solution for the 1x, with 5 per cent. of rectified spirit for 1, dilute alcohol for 3x, and after that rectified spirit.

PHYSIOLOGICAL ACTION.—*History*.—Dr. Imbert-Gourbeyre, in his interesting and learned treatise, “*Sur les Solanum des Anciens*,”† appears to have demonstrated that the *στρούχνον μανικόν* of Theophrastus and Dioscorides was *belladonna*, and that by them its distinctive poisonous properties were known. Since the beginning of the seventeenth century, *belladonna* has been extensively used as a medicine, and pathogenetic effects of the full doses commonly given were often noted. The tempting character of its berries, moreover, led to frequent accidental poisonings by it; and the records of these in medical literature are numerous and copious. It was slightly proved by Wasser-

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\* At the meeting of the Hahnemann Publishing Society held at Norwich in 1885, it was determined to take the *Cyclopædia of Drug Pathogenesis* as the basis of the Society's *Materia Medica*; and to issue a companion volume thereto, containing a commentary on the physiological effects of each drug, with the general and therapeutic information we possess regarding it. I undertook to furnish a specimen of the work proposed; and the above redeems my promise.—R. H.

† Baillièrè & Co.

berg on himself in the last century; very fully by Hahnemann and his pupils in 1800-1822; and since by the Vienna Society of Physicians, Frank, Böcker, and others. *Atropia*, since its discovery (by Brandes) in 1831-3, has been largely used, first as a mydriatic collyrium and then by hypodermic injection; and solutions of it intended for these purposes have frequently been taken by accident, and their effects noted. It, too, has been well proved by Eidherr, E. M. Hale, Harley, Percy and others.

Hahnemann's pathogenesis of *belladonna*, in its latest form\*, contains 1,440 symptoms,—975 from himself and fourteen associates, and 475 from seventy-four authors. Of the mode in which the provings were made we have no direct information; but they belong to the period in his career in which he was in the habit of using appreciable doses for the purpose, and of distrusting vitiated observations and other than healthy subjects, while internal evidence speaks plainly in favour of the reality of the effects ascribed to the drug. Save, then, for the few symptoms which appear for the first time in the less satisfactory days of the third edition of his work (1830), I have with confidence availed myself of these contributions to our knowledge. The symptoms taken from authors I have examined (wherever possible) in their originals†, and have only used them when they have stood the scrutiny. *The Cyclopædia o Drug Pathogenesis* contains—of *belladonna* nineteen provings (including Wasserberg's), eleven poisonings (of which three have been used by Hahnemann), and two sets of experiments on animals; of *atropia*, nine, eleven, and four of these classes respectively. In the following commentary the former work will be referred to as "*H.*," the latter by the number of its sections and subsections, preceded by *B.* for *belladonna*, *A.* for *atropia*.

*I. Nervous System.*—1. *Sensibility.*—The sensory disturbance caused by *B.* seems to vary according as the centre or the periphery is most affected. In the former case we have the hyperæsthesia of *H.* 1400; *B.* II. 3 *b.*; *A.* III., 1 *a.* It may be associated with tendency to jactitation of muscles and delirium; in *B.* II. 3 *b.* it pre-

\* *Materia Medica Pura*, vol. i. of original (1830), vol. i. of Dudgeon's translation.

† See *Brit. Journ. of Hom.* xxxi. and xxxii.

ceded the development of active cerebral congestion. But when the stress of the drug's influence falls on the peripheral nerves, we have the anæsthesia of *B. II.*, 2 *e*; *A. I.*, 1 *a*, 8 *g*. It is very complete, extending not only to touch, but to painful impressions, tickling, and temperature. Physiological experimentation has shown it to be a strictly local effect, even when the drug is introduced into the general circulation, as the extremities of the sensory nerves are affected before the trunks, which indeed require large doses to influence them.—The hyperæsthesia of *B.* compares with that of *hyoscyamus* and *stramonium*; of *coffea*; and of *nux vomica* and *ignatia*. The three last have not its inflammatory-like influence on the nervous centres. As an anæsthetic, *aconite* is its analogue, though it rarely presents the dysæsthesiæ characteristic of the latter drug.

2. *Motion*.—The motor disorder caused by *B.* runs fairly parallel with its sensory disturbance, but it is of more varied character. Its symptoms range from pictures of excitement to those of depression, while amongst them we have glimpses of chorea, tetanus, eclampsia, epilepsy and paralysis. Chorea is plainly figured in *H.* 1830; *B. II.*, 10; *A. I.*, 1 *a*, 4; and this "insanity of the muscles" may well be produced by a "deliria facient" like the present drug. In frogs (*A.*, III, 4 *a*) the phenomena are tetaniform, and are compared to the effects of *strychnia*. Clonic convulsions have not uncommonly appeared in poisoning from great quantities of *B.* berries, and are plainly of cerebral origin (*H.* 49; *B. II.*, 1 *b*, 4 *d*, 5, 6;) in one instance they are described as epileptic (*B. II.*, 6). So far the motor disturbance of *B.* seems to result from its irritant influence on the nervous centres, and is analogous to its hyperæsthesia. But paralytic symptoms, answering to its anæsthesia, frequently appear, as in *H.* 911-915, 969-971, 1109-1112; *B. II.*, 3 *e*, 10; *A. II.*, 6 *m*, 7 *f*, 8 *f*.

3. *Perception, Ideation, and Emotion*.—The action of *B.* in the mental and moral sphere is one of the most potent it exerts, and is obviously primary. All the operations here at work are affected, and may be dulled to utter (temporary) extinction, or excited to perverse vividness or violence.

The perceptions are blunted, confused, or entirely abolished as regards actual objects; while, on the other



hand, illusions and hallucinations are multiplied (see *H.* 35-41; *B.* I., 4 c, 15, II., 3 c; *A.* II., 3 b). The visual centres are the most frequent seat of these subjective sensations, so that phantasms abound; but hearing also has fancies (*H.* 340; *A.* 5 h). Not uncommonly the phantasms cause terror, as in delirium tremens; to which disorder the whole phenomena presented by the patient are comparable (see *A.* II., 1 e). In *B.* II., 3 c., we see visual hallucinations in association with acute cerebral hyperæmia.

In the ideational sphere, from a few instances of diminished power of thought and memory (*H.* 28-30, 42-59; *A.* II., 8 h), we soon come to their excitement, with more or less perversion. The delirium caused by *B.* (*H.* 1334-1345; *B.* I., 14 b, II., 2, 3, 10; *A.* I., 9; II., 1-5) is quite of a piece with its hyperæsthesia and disorder of motion. The nerves vibrate more rapidly, but less firmly and equably. Sometimes (*H.* 1348-1371, *B.* II., 6) a true ideational insanity is induced, which may have the intermissions often observed in the idiopathic disorder (*H.* 1336, 1344). With these disorders, also, we have coincident arterial excitement within the cranium.

We come now to the emotional region, the seat of affective and moral insanity. In *H.* 1379-1398 we see images of acute melancholia, even to its suicidal tendencies; in *H.* 1347-1365, 1379-1384, the humours produced by the drug—fearfulness, lachrymoseness, peevishness, apathy, and morbid mirthfulness. This last, with *B.* as with other causes of excitement, soon passes into quarrelling and rage (*H.* 1402-1407, *A.* II., 6). We have arrived at that exalted perversion of the emotions which the Germans call *Wuth* (rage), and which is a usual accompaniment of acute mania. *H.* 1408-1440, *B.* II., 4 c, 7; *A.* II., 3 b are so many different pictures or features of this condition; and *H.* 1422, *B.* II., 7 connect these symptoms also with excitement of the cerebral circulation.

The conclusion to be drawn from what has been said is this:—*B.* influences the centres of perception, of thought, and of feeling, as it does those of sensibility and of motion. It excites and at the same time perverts their function,—blunting their reaction to real impressions, while quickening in them a feverish automatic activity, spurring them on in a rapid and disordered course until they fail for exhaustion. The kind of action on the brain-substance which these phenomena imply is seen more

plainly when active determination of blood supervenes or co-exists. It is, in essence, inflammatory.

4. *Sleep*.—There is not much to be said in regard of the disorder of sleep induced by *B.* It may be seen in *H.* 1118-1179; *B. I.*, 4c, 5 b, 6 b, 7, 11a, *II.*, 8 c d; *A. I.*, 7. It is obvious that the excitement of the brain which causes delirium should also produce insomnia. Somnolence is a symptom of the less intense action of the drug; it is of hyperæmic nature (*A. I.*, 5 c). Both these are primary actions; but there is a secondary somnolence in the sopor which succeeds the delirium, and sometimes a secondary sleeplessness for some nights after the shock to the brain. Disturbed sleep is more characteristic of *B.* than either insomnia or sleepiness. The dreaming is really (in many instances) delirium during sleep: it is rarely of a pleasant nature, and often causes waking in fright.

*II. Head*.—The head symptoms of *B.* begin with vertigo (*H.* 1-14; *B. I.*, 4 c, 5 a c, 14; *A.*, *passim*), which is indeed a sort of hallucination or delirium of the centres of equilibration. It is worse on movement, and relieved in the open air. It, too, is often associated with symptoms of hyperæmia within the cranium, as in *B.* 11 c, 14 a; and in Harley's experiments its development seemed to coincide with the rise of the pulse.

The vertigo of *B.* closely resembles that caused by alcohol; and the whole group of cerebral symptoms induced by the drug is not uncommonly compared to intoxication (*H.* 11, 12, 18-26; *B.* 7; *A.* 5). Of the same character are the cloudiness, confusion, dulness and heaviness of *H.* 15-84; *B. I.*, 3, 11 a, *II.*, 11 i. The tendency to hyperæmia is ever and anon manifesting itself along this series of phenomena (*H.* 21; *B. I.*, 11 a; *A. I.*, 5 d).

We come now to the headache of *B.* It occurs with sufficient frequency in other observations and experiments to stamp it as a genuine effect of the drug (*B. I.*, 3, 4 c, 5 a c, 9, 12, 13 b, 17, *II.*, 9, 11 i; *A.*, *I.*, 1a, 6); but it is especially in the provings of Hahnemann and his disciples that it is seen (*H.* 64-157), and here not only is its bare occurrence noted, but its seat and features are described. It is reported, in one or more varieties, by nearly all his provers. The forehead and temples are its most frequent seats, but it may occur anywhere. Its features are now of

the nervous or neuralgic type of headache (as in *B. I.*, 13), now of the congestive (as in *B. II.*, 4 *a*).

A step further, and we have phenomena of acute cerebral congestion and determination of blood. *B. I.*, 14, *II.*, 3, 4 *c*. show a near approach to phrenitis; *B. II.*, 4 *d*. reminds of eclampsia; *B. II.*, 8 (in which instance death ended the scene) is apoplectic.

III. *Face*.—The characteristic *B.* face is the red and swollen one seen in *H.* 176-207; *B. I.*, 4 *b*, 5 *a*, *II.*, 5. It is symptomatic of the state of the brain, of simple determination of blood up to acute congestion and even apoplexy. But *B. I.*, 4 *e*, 5 *a c*, 14 *a*, are phenomena of another order. They show that the skin of the face may be directly affected by the drug. In some cases the irritation is scarlatinoid or erythematoid, in some it takes the form of simple acne. But such cases as *H.* 162-5 speak plainly of true dermatitis—of that condition which, when occurring idiopathically, we call furuncle, carbuncle, or erysipelas. The subjective symptoms of the face are mostly complementary to the morbid appearances. The “without thirst” of *H.* 177, 179 is worth noting; it might prove decisive when the choice lay between *B.* and *aconite*. *A. I.* 2 supplies the only instance of the occurrence pathogenetically of that prosopalgia in which *B.* is often so fine a remedy; but in *B.* 11, 13, and perhaps in some of the anomalous pains of Hahnemann’s provers, we have similar conditions elsewhere. In *B.* 11 *a* we have with these the hyperæmia always attendant on the effects of this drug, and so characteristic for it as a remedy.

IV. *Eyes*.—1. The dilatation of the pupils, so regularly and uniformly caused by *B.* and its alkaloid, whether applied locally or taken internally, has long been a subject of great interest. The first question which arises is, does this mydriasis depend upon the general influence of the drug upon the brain? I think such a position to be untenable, for the following reasons:—

First, no fact is better ascertained about *B.* than that it is irritant to the intra-cranial nervous centres, exciting (while deranging) their functions, and causing them to attract a larger supply of blood than is natural. In a word, it sets up the first stage of inflammation therein. Now this condition of the brain, when occurring idiopathically, is always accompanied by a con-

tracted pupil, and it is not until the stage of exhaustion and effusion sets in that the pupils dilate. If, then, the enlarged pupil of *B.* were a symptom of the state of the brain induced by it, that state should be precisely the opposite of what it really is.

Secondly, Christison has put on record a case of poisoning by *opium* and *B.* conjointly, in which the cerebral symptoms were those of the former, while the pupils were "excessively dilated and not contractile." Here, as the author observes, the *opium* "prevented the delirium induced by *B.* in the early stage; while on the other hand the *B.* prevented the usual effect of *opium* on the pupils, and actually produced the opposite action." That is, the cerebral influence of the *B.* was neutralised and superseded by that of the *opium*; but its mydriatic power was fully exerted. If, now, the dilated pupil of *B.* were symptomatic of the condition of the brain induced by the drug, we should have in this instance a contradiction of the axiomatic law, *causâ sublatâ tollitur effectus*.

Thirdly, it has been ascertained by experience that the mydriatic action of *A.*, even when exerted through the constitution, is a peripheral one, and independent of the nervous centres. A full account of the observations which establish this view is given by Dr. H. C. Wood. That it holds good when the drug is locally applied it is easy to believe; and it suffices to say that the effect may be produced after section of the trigeminus and the cervical sympathetic, and even after extirpation of the ciliary ganglion—in frogs after removal of the eye from the body. But the case from the same author given as *A. II.*, 11 is still more decisive.

We must conclude, then, that the dilatation of the pupil induced by *B.* is the result of a local and peripheral action of the drug, and altogether independent of its effect on the central nervous system.

We have yet to inquire by what means *B.* exerts this local action which we have found it to possess. It has been shown that the pupil may be dilated either by the depression of the influence of the third nerve, or by excitement of that of the sympathetic. The old conception of *B.* as a "narcotic," and, later, the ascertained power of *A.*, locally applied, to paralyse the accommodatory action of the eye (of which more anon), has made it generally assumed

that the mydriasis which occurs under its influence is due to paresis of the oculo-motorius, causing a relaxation of the circular fibres of the iris analogous to that of the sphincters of the rectum and bladder. There are, however, grave objections to this view as a complete account of the phenomena, the most serious of which is that in complete paralysis of the third nerve (or after section of it in animals) the mydriasis is much less than that which results from *A.*, and may be considerably increased by the use of the drug. Dr. Harley, too, aptly points out the difference between the effects of *conium* (which undoubtedly paralyses the oculo-motorius) and those of *B.* on the eye.

This physician, with Wharton Jones, Benjamin Bell, Allen Thompson, and (formerly) myself, have maintained that the mydriasis of *A.* is dependent entirely upon sympathetic excitation. That it does produce this effect generally is shown by the contraction of the arterioles which it induces; and that it exerts the same action upon the eyes is evident from the widely open, staring and protruded appearance they present under its influence, this group of symptoms concurring with dilatation of the pupils when the sympathetic is galvanised in the neck. Vulpian, moreover, has observed that in poisoning by curare, as long as galvanisation of the cervical plexus occasions dilatation, however slight, of the pupil, so long *B.* also will determine it. Again, it is evident that (as Dr. Wood justly states) the dilatation produced by the drug is "not merely a passive movement of relaxation, but is active, capable of tearing up inflammatory adhesions, even when of some firmness." I cannot doubt, therefore, that to excitation of the radiating fibres of the iris through the sympathetic the mydriasis of *B.* is largely due. At the same time, as there is good evidence, from the failure of accommodatory power, that the ciliary branches of the third are paralysed under full atropism, relaxation of the circular fibres may also be a factor in the result.

Is the pupil ever contracted under the influence of *B.*, and, if so, what explanation can be given of it? Such a symptom is noted by four of Hahnemann's provers, and by himself (*H.* 245-9). Dr. Harley, too, has observed that just before the mydriasis of the drug has set in, the influence of light will cause the pupil to contract more closely than under similar circumstances before the ingestion of the drug. "This contraction has persisted

for several minutes, when all at once the pupil has given way, and become broadly dilated." Dr. Sharp, who finds that he can induce slight contraction of his own pupils with one-fifth solution of the mother tincture of *B.*, and Rossbach and Frölich, who have obtained similar results in animals with very minute quantities of *A.* (from about gr. .00005 to .0001), believe the difference to be a question of dose. I am not prepared to pronounce upon the question; but from the somewhat parallel action of *gelsemium*, I am rather inclined to think that any contraction of the pupil which *B.* can effect is a symptom of commencing hyperæmia, either in the eye itself or in the brain. In the one symptom of this nature supplied by Hahnemann it was associated with rather severe frontal headache (comp. *H.* 245 and 96).

2. The effect of *B.* upon the circulation of the eye is more closely connected with its cerebral influence. An injected conjunctiva and a glossy brightness of the ocular surface is present in the active congestion of the brain induced by this drug, as it is in the same condition otherwise occurring, and constitutes a valuable indication for its choice in cerebral disorders. But *B.* can also inflame the eye by direct irritation. That *A.*, in the minutest doses, is capable of causing conjunctivitis when locally applied, is generally known; and Mr. Soelberg Wells states that its continued use may induce vesicular and even true granulations. But the mother-plant itself can produce the same action from within. This was seen to some extent in Hahnemann's provings, as s. 222-230 show\*; but it was most strikingly manifested in a case given as *B.II. 2.* There is an obvious suggestion here of action extending deeper than the conjunctiva, and we have other evidence of the same kind. No weight, indeed, can be allowed to Allen's 505th symptom, "eyes inflamed, red and bloodshot, even to the iris"—as it is one of the counterfeit coins of Houat's mint. But there is a case reported in the *Lancet* for 1844 (*I.* 251), by a Dr. Williams, in which *belladonna*, given internally, produced "pain in the eyeballs, intolerance of light, and conjunctival inflammation; these symptoms soon followed by dilated pupils and loss of sight, paralysis of iris and blindness being permanent." More than conjunctivitis and mydriasis seems to have been present here.

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\* See also *B. I.*, 11 *a*, *II.*, 11; *A. I.*, 2.

Still more certain is the retinal hyperæmia (arterial) induced by the drug. Ophthalmoscopically it has been seen by Harley and Aldridge; and many subjective symptoms, as pain at the back of the eyeball, flashes of light before the eyes, photophobia, and some of the derangement of vision present, suggest the same condition.

3. The disturbance of vision induced when *B.* or *A.* is locally applied is *far-sightedness*. It is hardly correct to call it either hypermetropia (as Dr. Harley does) or presbyopia (as it is generally styled), for both these names connote substantive alterations in the refracting media of the eye; while all that *A.* produces is paralysis of accommodation for near objects. The "near point" of vision (as the shortest distance at which fine print can be read is called) rapidly recedes as the influence of the drug is established, until at last only distant objects (*i.e.*, those giving off practically parallel rays) can be distinctly seen. Dr. Harley connects this effect of the drug with its dilatation of the pupil; and I was at one time disposed to follow his view, having regard especially to the fact that by looking through a pin-hole in a card near vision with atropised eyes became again practicable. But this is as readily accounted for by considering that by such a proceeding the rays entering the eye are made nearly parallel; and there are fatal objections to the iridal theory of accommodation. The mydriasis and the far-sightedness of *A.* are by no means coincident; and Mr. Soelberg Wells has found that if an extremely weak solution of the drug (a grain to eight or ten ounces of water) be applied to the eye the pupil will dilate without accommodation being affected. There is, moreover, an instance on record in which there was entire absence of the iris; and yet here accommodation was perfect, and *atropia* paralysed it. We must fall back, therefore, on the now generally accepted doctrine that the circular fibres of the ciliary muscle are the means for effecting those changes (whatever they are) which permit of the vision of divergent rays; and that *atropia* paralyses them, through the ciliary nerves from the third which supply them. It is probable, moreover, that here also—as in the iris—the drug excites the antagonistic radiating fibres, and that their contraction contributes to the result.

But I cannot follow Pereira in asserting that the impaired vision of *B.* poisoning, from within, "is chiefly or

entirely presbyopia." Weakness and indistinctness of vision have been noted under its influence without any mydriasis being present, and therefore presumably without any paralysis of the accommodation. I must explain some at least of the "blindness" so often noted from its ingestion by a direct anæsthetic influence exerted by it upon the retina, analogous to that which it displays at other points of nerve-termination (see *H.* 265-9; *B.* II., 11 *j*; *A.* II., 4, 6 *b*, 7 *e*). This retinal action is also displayed in the chromatopsia of *H.* 283-4; *A.* II., 3, 4, and the photopsia of *H.* 285-9; *A.* I., 3. The visual hallucinations of *H.* 36-9; *B.* I., 15, II., 3 *c*; *A.* I., 1 *a*, 3, II., 6 *e*, 7 *h*, and the hyperæsthesia of *H.* 226; *A.* II., 5 belong to the action of *B.* on the brain.

*V. Ears.*—The ear symptoms of *B.* are comparatively unimportant. One only of an objective character appears (*H.* 338); and, standing alone, hardly warrants a physiological inference. The sensations recorded in *H.* 324-337; *B.* I., 13 *b*., may be fairly interpreted as implying hyperæmia of the meatus and tympanic cavity, and perhaps of the Eustachian tube. The disorders of hearing induced run parallel with those of vision. The tinnitus aurium of *H.* 340-4; *B.* I., 4 *c*., 5 *b*., 6 *a*.; *A.* II., 6 *d*., 7 *h*., corresponds with the chromatopsia and photopsia of *H.* 283-9; and is probably congestive in nature. The deafness of *H.* 345 answers to the amaurosis of *H.* 263-274; but I am not sure that it is true anæsthesia like that, and not rather congestive also (see especially *H.* 333). The hyperæsthesia and hallucinations of *H.* 339, 340, like the similar conditions in the eye, are plainly of cerebral origin.

*VI. Digestive System.*—1. *Teeth and Gums.*—Nearly every instance of toothache being caused by *B.* occurs in the symptoms furnished by Hahnemann and his fellow-provers (*H.* 425-435). *S.* 434-5 indicate the variety of the affection most characteristic of the drug, viz., the congestive.

2. *Tongue.*—The mucous membrane of the tongue is continuous with that of the mouth, and will be considered therewith. But *H.* 443-7 seem to show inflammatory irritation of the parenchyma of the organ, and *H.* 440-2, 448-9; *B.* I., 8 *a*; *A.* 7 *c*., 8 *d*., semi-paralysis of its intrinsic and extrinsic muscular element.



3. *Mouth*.—The action of *B.* in drying the mucous membrane of the mouth is very striking and interesting. "Arrest of secretion" expresses it fairly; but we may go further, and enquire upon what this arrest depends. If the salivary symptoms are compared with those of the mouth, it will be seen that the dryness means something more than diminished saliva, as Lussana supposes. *H.* 478; *A.* II., 2, indicate the presence of a true congestion, analogous to that seen in a more marked form in the throat. "It is plain, therefore," as Dr. Harley says, "that the absence of moisture is not due to occlusion of the blood vessels; we have, in fact, a condition which exactly resembles that accompanying the typhous state. The blood vessels of the part are congested, and the blood arrested" (*Old Vegetable Neurotics*, p. 225). He goes on to remind us how delicate an indication the tongue is of vascular as distinguished from simple cardiac excitement, and that it frequently becomes dry in slight febrile affections in which there is no evidence of congestion in any other part of the body. He thus considers the dry mouth of *B.* a symptom of the general febrile disturbance which (as we shall see) it sets up. Two of his observations well support this doctrine. "While dryness," he writes, "is the invariable result of the use of *B.* in health, it is a remarkable fact that the reverse effect occasionally follows its use in disease. A  $\frac{1}{2}$  h. after the injection of a medicinal dose of *A.* beneath the skin of a patient suffering from fever, I have several times observed the tongue, which for days before had been parched, contracted and hard, swell out again and become moist for a time." And with this change, he says, there is always a fall in the pulse. Secondly, the same association is observed in the physiological action of the drug: "as moisture returns to the mouth, the pulse is observed to fall" (*A.*, I. 5 *d*).

4. *Throat*.—The throat is one of the cardinal centres of the action of *B.* Dryness, dysphagia, constriction, soreness, painful deglutition, swelling and burning (*H.* 484-520; *B.* I., 5, &c.) are the sensations experienced; and in *B.* I., 5 *c.*, 19, II., 9, we have the objective condition to which they correspond, viz.: one of true inflammation. *H.* 521-3; *B.* I., 14 *a*, II., 1 *b*, suggest hydrophobia: *H.* 524-5; *B.* 3 *a b*; *A.* 8 *c.*, are paralytic, and contribute to the homœopathicity of *B.* to apoplexy and glasso-pharyngeal paralysis.

5. *Stomach.*—*B.* causes considerable disturbance of digestion and uneasiness of stomach. It is probable that it affects the gastric mucous membrane similarly, though not so powerfully, as the buccal and the faucial; and on this hypothesis most of its stomach symptoms are explicable. The pressive pain and inflammatory tendency (*H.* 618, 637; *B.* I. 4 *a*), the loss of appetite (*H.* 549-553; *B.* II. 11 *e*; *A.* II. 6 *h*), the delayed digestion shown by the acid and putrid eructations (*H.* 529-534, 581-2), point in this direction. The hiccup seems rather to belong to the spasmodic symptoms of the drug (see especially *H.* 609); which, indeed, in *Kafka's* proving of *A. sulphuricum*, appeared in the stomach itself (*A.* I., 8). The gastric irritation sometimes shows itself in vomiting; but more characteristic of *B.* is the inability to vomit of *H.* 601-7, resulting probably from its local influence on the nerves and muscles concerned in the action. Absence of thirst, unless decided fever is present, is another characteristic of our drug (*H.* 568-570; *A.* II. 6 *h*); though the presence of thirst does not contra-indicate it (*H.* 572-3; *B.* II. 5; *A.* I. 9). The alterations in taste (*H.* 535-544) probably depend mainly (as in *A.* I. 1 *a*) on the buccal disorder.

6. *Abdomen.*—*B.* causes within the abdomen, besides much meteorism, the same inflammatory and spasmodic phenomena as we have seen in the stomach. *H.* 638-9 point to the former; *H.* 640-674 are numerous and varied instances of the latter.

7. *Rectum and Anus.*—*B.*, in full doses, is unquestionably aperient (*H.* 697-709; *B.* II., 11 *d*). Constipation (*B.* I., 11 *a*; *A.* I. 7 *b*) is a rare alternate symptom. The diarrhœa is seldom copious, and often seems to consist mainly in an increased formation of intestinal mucus. Tenesmus is a common accompaniment, less frequently pinchings in the abdomen (*H.* 709-717; *B.* I., 5 *a*). The constipation seems a part of the abdominal hyperæmia caused by the drug; it is associated with tenesmus, also with abdominal distension and heat of head (*H.* 719). The anal symptoms (*H.* 721-6) suggest irritation and spasm of this part. *H.* 729-731; *A.* II., 6 *n.* are extreme effects, but coinciding with the corresponding weakness induced in the sphincter vesicæ.

VII. *Urinary Organs.*—1. *B.* is eliminated with the

urine. Dr. Harley states as the result of his experiments that "A. passes undiminished and unchanged through the blood, and the kidneys are active in its elimination from the minute that it enters the circulation until it is entirely removed from the body. After a full medicinal dose, between two and three hours are required for this purpose." In passing through the kidneys, it excites the circulation in these organs. If the excitement be moderate, the result is diuresis; if excessive, congestion and stasis occur here as in the throat, and the urine is scanty, or even temporarily suppressed. This seems to be the interpretation of *H.* 782-3, 744-761; *B.* I., 14 c, 17, II., 6, 11 c; *A.* I., 2, 7 a, 9, II., 1 f; and the conclusion must be that it is the primary or Malpighian circulation of the kidneys which is influenced by *B.*, so that the aqueous portion of the urine is increased or diminished by its use. There is no reason to suppose, from the present symptoms or those which will subsequently come before us, that it has any direct action on the secreting cells of the convoluted tubes.

2. The physical and chemical characters of the urine passed during the influence of *B.* point to morbid processes going on behind the renal organs. They speak of an increased disintegration of tissue; and if the opinion be sound that an excess of phosphates means special waste of nervous substance, it points thereto in the present instance (*A.* II., 9). In the general effects of the drug we have the actions which explain this increase of the urinary solids; we have seen, or shall see, a febrile condition set up, and the nervous centres especially showing signs of undue excitement. Hence excessive disintegration and waste of tissue, which shows itself in the urine.

3. Descending now from the kidneys to the bladder, we find the latter powerfully affected by *B.*, and I cannot agree with Dr. Harley and others that "the frequent micturition which is observed after poisonous doses, and sometimes after medicinal ones, is the result of frequent calls to empty a distended and weakened bladder." *H.* 740; *B.* II., 9, 10; *A.* 2 a. e, display a true strangury, very different from the dribbling which takes place from the "distended and weakened" bladder of paraplegia. No spasm, indeed, is present, and the absence of pain forbids the supposition of inflammation; but I think that irritation to no slight extent is set up. Perhaps the "urine with a thick white

sediment" of *H.* 746 depended upon the presence of bladder epithelium, as so often seen in idiopathic irritability of the organ. The apparent "retention" may sometimes be deficient secretion; but I do not deny that a true paresis of the detrusor urinæ (as in *A.* II., 5) may occur, giving rise to genuine retention. The loss of power may extend to the sphincter, leading to the enuresis of *H.* 762-5; *A.* II., 6 *n.*

*Terebinthina*, *ferrum*, *eupatorium purpureum* and *cantharis* are medicines analogous to *B.* in their influence on the urinary organs. *Terebinthina* covers the same ground, but its effects are more severe, intense and inflammatory. *Ferrum* causes an urgency to micturition closely resembling that of *B.*; but it is characteristically diurnal, which that of *B.* is not. *Eupatorium purpureum* also has a very similar vesical irritation, but it is more catarrhal. *Cantharis* has an action on the bladder still more purely inflammatory; and in the kidney acts directly on the secreting cells.

VIII. *Genital Organs.*—The genital symptoms of *B.* are trivial. *H.* 773, 795 (comp. *B.* I., 13) are the only ones which have been confirmed in practice.

IX. *Respiratory Organs.*—The nasal symptoms of *B.* are unimportant; but it causes a good deal of cough and hoarseness (*H.* 803-820; *B.* I., 5 *a*, 11 *a*, 12, II., 4 *d*; *A.* *passim*). The extension into the air-passages of the dryness we have seen in the mouth and throat accounts for this; and as there, so here, there is subsequently an excess of unhealthy mucus (*B.* I., 19). The dryness seems to extend some way down the bronchial tubes, and some pulmonary congestion has been set up, going on—in experiments on animals—to hepatisation. In the walls of the chest a real pharodynia (*H.* 845-860) seems to result from the action of *B.*, but it is more frequently than otherwise unaffected by breathing.

X. *Circulatory Organs.*—1. *B.* does not appear to have any action upon the heart as a distinct organ, as *aconite*, *cactus*, *digitalis* and *spigelia* have; it affects it only through its nerves. The cardiac action is increased by moderate doses in both force and frequency (*B.* I., 14 *a*, 16; *A.* I., 5, III., 1 *b*), so that *B.* must excite it through the sympathetic, and not merely take off the curb from it by paralyzing the

extremities of the vagi, as it does in animals. To the same action we must refer the arterial contraction it induces (*A. III.*, 2). Excessive doses cause exhaustion, indicated by feeble circulation and flaccid arteries.

2. The febrile symptoms so frequently manifested in the provings and poisonings collected by Hahnemann (*H.* 1219-1255) have been fully confirmed by more recent research, which shows *A.* to produce, in men and animals, a constant and decided elevation in temperature.\* The fever induced differs considerably from that of *aconite* and *arsenic*. The chill is slight, and sweating is rare after the heat: the heat itself is very decided, but it is seldom accompanied with much thirst, nor is there the anxieties and restlessness characteristic of the other drugs. (See also remarks in § vi. 3.) The potent action of *B.* on the nervous centres makes it probable that its fever results from hyper-oxidation of nervous tissue, and this is substantiated by the fact that it is the *phosphates* of the urine which specially show increase under its influence (*A. II.*, 9).

XI. *Back and Limbs.*—Beyond the sensory and motor disturbances already mentioned, these parts show no sign of any special influence of *B.*

XII. *Skin.*—That *B.* is a true irritant of the skin, *H.* 162-5, 1274-1282; *B. II.*, 1 *a*, 9; *A. II.*, 1 *b c*, place beyond question. Its symptoms range from simple suffusion to scarlatinoid efflorescence, with heat, dryness, itching and desquamation; thence to erythematous and erysipelatous phenomena, inflammatory pustules and boils, and bullæ. *H.* 1285-1809; *B. I.*, 4 *d*, *II.*, 11 *c*, show that it has some sudorific properties, though *A. II.*, 10, expresses its absolute and immediate action on the sudoriparous glands.

(*To be continued.*)

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\* De Meuriot, in his *Étude de la Belladonne*, relates observations showing its powers of raising the temperature in dogs from 1 to 4 degrees centigrade, and in man from  $\frac{1}{2}$  to  $1\frac{1}{2}$ .

## ACIDUM ARSENICI HYDRIODICUM.

By PERCY WILDE, M.D.

HITHERTO the combined action of *iodine* and *arsenic* has only been made use of in medicine in the form of the salt, the result of triturating the metals together. The *iodide of arsenic* as a remedy in certain forms of disease is steadily growing in favour, but the instability of the preparation is a serious practical disadvantage. I have for a long time been using in my practice the acid combination of the metals, and with such excellent results that I venture to recommend the preparation to the notice of my colleagues.

I make my preparation as follows :—

<i>Iodine</i> (pure)	gr. xxv.
<i>Acid arseniosum</i>	gr. xxi.
<i>Spir. vini rect.</i>	ʒ xxx.
<i>Aq. distil.</i>	ʒ xxxv.

The *iodine* is dissolved in the spirit with gentle heat, and the *arsenious acid* in the distilled water. The two solutions are mixed in an open vessel, and after standing ten minutes the mixture is put up in bottles. I label this *acidum arsenici hydriodicum* 2x. Each drop contains  $\frac{1}{15}$  gr. of *iodine* and  $\frac{1}{15}$  gr. of *arsenious acid*, combined to form  $\frac{2}{15}$  gr. of the *ac. ars. hydriod.*

During the process there is a small amount of free *iodine* lost, so that the preparation more really approaches the second decimal dilution of the *ac. ars. hydriod.* than at first appears.

The solution should be perfectly clear and colourless, and of a decidedly acid reaction. When not properly prepared it may be of a light brown colour.

The chemical change which takes place upon mixing the solutions may be represented as follows :—



The *iodine* is converted into *hydriodic acid* and becomes colourless, and the *arsenious acid* is changed to *arsenic acid*. When this preparation is dispensed, mixed with water in an open tumbler, there may be a slight loss of free *iodine*, but this does not affect the therapeutic results. I have generally used it in this way, and with very excellent results. I do not propose now to enter at length upon the therapeutic properties of this drug, but I may mention the

following among the diseases in which I have used it with success :—

(1) General debility associated with glandular enlargement.

*Note.*—In these cases I generally use the *silicate of soda* every alternate week, with invariably good results.

(2) Chronic consolidation of the lung following a low grade of pneumonia, with cough and yellow or white expectoration.

*Note.*—I distinguish between this form of consolidation, which frequently precedes phthisis, and another form in which cough is not complained of and may not exist, and in which there is never any expectoration (unless complicated by a laryngeal catarrh). The patient (who is generally about the age of puberty) complains only of general debility and very frequently of aphonia. There are no lung symptoms mentioned, but physical examination reveals dulness over the whole or a greater part of one lung. In this form *calc. carb.* 6 (of which the trituration should invariably be used) is specific, and in a higher degree than the *ac. ars. hydriod.* in the symptoms previously mentioned, perhaps because the latter are more curable, *when diagnosed*, but while "*general debility*" is a recognised disease among physicians the *calcareo carbonica* form of consolidation is not likely to be frequently recognised unless specially looked for.

I need hardly say that *phosphorus* forms an excellent alternative medicine in the *ac. ars. hydriod* consolidation, especially when there is hæmoptysis or pneumonic sputa associated with it.

(3) In coryza, with watery discharge from eyes and nose, with redness of one or both; also in true influenza.

(4) In sub-acute laryngitis, with wheezing and whistling sounds in the larynx and constant hacking cough, especially when following the preceding symptoms (3).

(5) In chronic articular or muscular rheumatism in elderly or debilitated people.

*Note.*—I know no remedy so efficient in these cases. When there is furred or feverish condition of the tongue, this should previously be cleared up with *sulph.* 30, which I have found the best remedy and the most suitable dilution for the purpose. The *ac. ars. hydriod.* will then prove very valuable in removing the joint and muscle symptoms. I also use this remedy in acute gout as soon as the

inflammatory symptoms have subsided. It greatly aids in restoring the use of the foot.

(6) I have used this remedy with some success in the debility attending valvular disease of the heart, but I cannot state positively any precise indication for its use, nor am I sure that it has any advantage over other *arsenical* preparations in the complaint. Dr. John H. Clarke, in his valuable paper on *Iodide of Arsenic in Heart Disease*, says that this salt is valuable in almost all cases of chronic weakness of the heart muscle, whether resulting from valvular disease or not. Those who make use of the acid cannot do better than take advantage of Dr. Clarke's experience.

23, Circus, Bath, March 30th, 1886.

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## FROM EMPIRICISM TO HOMŒOPATHY.

BY A GENERAL PRACTITIONER.

—  
“*Post Tenebras—Lux.*”  
—

THE first few years in the professional career of a medical man—those which immediately succeed his acquisition of a diploma, and during which he settles in practice—are, to the conscientious member of our profession, years during which he feels the weight of responsibility resting upon him more keenly than throughout any subsequent portion of his life. He has obtained, as he thinks, a store of knowledge amply sufficient to enable him, by carefully and diligently using it, to grapple successfully with disease. When fairly engaged in practice, he feels for the first time the awful responsibility—I can call it nothing less—of having the lives of men, women and children, humanly speaking, actually placed in his charge, dependent, as it were, on the measures he employs for their prolongation. Who is there, possessed of any degree of honour, any sense of manliness, who would not, who does not suffer from the anxiety such a position entails? Every earnest and thinking physician and surgeon must realise how tremendous are the penalties he will find in remorse, should



he feel compelled to admit, to himself, that a failure to save life has arisen from any relaxation on his part in endeavours to seek for the truth in medicine; that the death of a patient might have been averted had he not neglected the use of some medicine, the knowledge of which was within his reach, had he but had the will to acquire it!

To men who do thus view the responsibilities they have assumed on entering on the practice of medicine I would address a few words of warning, suggested by the results of the first ten years of my career as a general practitioner in a London suburb. To those who regard the number of patients on their list as the only criterion of success—who are unconscious of anxiety, entertain no sense of responsibility, who, full of self-satisfaction, go through their daily round of visits, contented with knowing no more this year of the applications of medicines or of other measures adapted to save life than they did during that which preceded it—I have nothing to say. They have no harassing doubts that their methods of treatment could be improved to the advantage of their patients, no anxiety whatever regarding the value of the therapeutics they adopt.

I commenced the practice of medicine feeling that the object of a medical man was the cure of disease as quickly, as safely, and as pleasantly as the light of present knowledge admitted of; and further, that successful treatment should leave no after effects which could be traced to the influence of any medicine that had been prescribed. I looked to the various branches of science, to our knowledge of the unvarying laws of health, and to the actions and uses of medicines as the armoury whence I was to draw the weapons wherewith I might encounter disease.

From the very day when I first undertook to discharge the responsible duties devolving on a member of the medical profession, all my worry and anxiety have been traceable to the grave imperfections, for practical purposes, which exist in what is taught, as knowledge, respecting the actions and uses of medicines. Hygiene, diet, the management of health in every direction I found to be governed by laws so fixed, so unvarying in their operation, that error, in directing these parts of medical treatment, was to a large extent inexcusable. But when I came to consider the handling of drugs, the prescribing of medicines, I found that there was no law, no principle to help me. My hospital studies had furnished me with a set of

prescriptions, with which it was impossible for me long to remain content—prescriptions which I found to differ from those taught in other schools, just as these latter differed each from the other in their teaching of the art of prescribing medicines! Equally inadequate was the knowledge afforded by the classification of drugs as stimulants, depressants, purgatives, tonics and so on, or by the use of such question-begging terms as antiphlogistics, anodynes, antipyretics and similar definitions. Such broad distinctions have, of course, their place of usefulness in science; but descriptions of individual medicines must be at least as full as descriptions of individual diseases, if the former can be applied with any degree of accuracy or success to the relief of the latter.

Even when the special mode of action of each narcotic or sedative, &c., had been learned, and its practical application according to the theory of the case of the patient to whom it was given had produced the result this theory had seemed to require, the utmost that appeared to have been accomplished was the relief, for a time, of one symptom or set of symptoms, leaving the morbid condition evoking them all untouched. This prescribing of medicines in harmony with a theoretical conception of the morbid process is, therefore, both imperfect and dangerous. Moreover, a given case is often susceptible of being interpreted by several theories, each theory suggesting a different kind of medicine—the result being that, in the same hospital we may have the unedifying spectacle of three physicians taking each a different view of a patient's case, and as each prescribes in such a manner as shall best agree with his theory, each orders a prescription for a combination of drugs totally differing in their qualities and properties from those directed by the others.

After a time, finding that there were in practice no principles on which drugs should be prescribed—that, in prescribing, each practitioner was a law unto himself—I gradually drifted into a groove of prescriptions, which appeared to do some good, or at any rate no harm. In this way, I began to approach that terrible danger, the avoidance of which is well worth any amount of study, any amount of sacrifice—a “therapeutic groove!”

Is it really the case, I asked myself, that the prescribing of medicines is based upon merely empirical knowledge; that it has no more exact, no more scientific foundation than

that of giving a medicine which appears to have done some good in one case, in another somewhat similar, because advantage appeared to follow its use in the first? Is there no principle, no rule, underlying the prescription of medicines? How comes it that a patient may consult a dozen different physicians, and that while all may agree as to the nature of his disorder, no two of them will hold exactly the same theory as to the means of cure? Each may, by the medicines he prescribes, palliate or temporarily relieve some symptoms, and so assist nature in recovering her normal state, but is there no principle or law which can direct physicians so that, in the same case, each would prescribe the same drug? Theories as to the nature of diseases change from day to day; must the remedy prescribed be equally shifting? Is the medicine, which according to the views held last year of a particular disease was the correct one to prescribe, to be replaced by one of a totally opposite character this year, because the opinions as to the nature of the malady have altered?

Further study showed me that amongst our most eminent physicians there was a total absence of faith in the power of medicines to control disease. This want of faith I saw expressed in many lectures, addresses and books; some of these authors, indeed, avowed that drugs were in all cases useless! When physicians of acknowledged learning and experience—men who are recognised as the heads of our profession—openly announce that they are content to watch a case and to see that it progresses as favourably as may be, and that what medicine is ordered is given merely as a *placebo*—as something to impress the patient with the idea that he is being medically treated—treating his “imagination,” as a learned member of the bar suggested the other day in cross-examining a doctor—when, after a consultation with one of the foremost of living physicians, to whose exposition of disease I had listened with respect and benefit, all reference to medicines having been omitted, I reminded him that the patient’s friends would like to have his opinion as to the medicines to be prescribed, he replied, “Well, as I suppose they will expect a prescription, you may give so-and-so if you like.” What can a practitioner, anxious to use every available means for the recovery of his patient, think of the current method of drug-prescribing?

Then again, we hear such questions asked as this, “Has the science of medicine advanced one step since the days of

Hippocrates?" We are also told, on the highest authority, that "the science of therapeutics is in a backward and unsatisfactory condition." Again, Dr. Wilks says, "When all of us, so far as I know without exception, write down on a piece of paper, six inches by four, some drug for every trouble with which a patient presents himself, it would be rather difficult for us to give a good reason for our action." Another physician admits that "we must all feel acutely, as practitioners, in our daily application of remedies for the cure and relief of disease, that we want a knowledge more exact, a scope more enlarged, and indications more direct and more successful of the means by which morbid processes may be prevented and extinguished. . . . We desire to see the art of treatment placed upon a basis less shifting, more demonstrable, more effective, more sound." Finally, we are told, that "so far from the medical man depending upon medicines for his success, he never takes so high a position as when he gives none, and makes the patient stand aloof and rely on his superior knowledge."

With such confessions as these before one—hearing as I did, on every side, physicians in large and active practice declare that they did not believe that medicine could cure disease—surely it is not remarkable that I, too, tired of my groove of empirical prescriptions, lost faith in my mission in life and determined on giving no medicine at all! For a long period I now watched my patients recover quite as quickly after taking innocent bitters and sweets as they did when plied with prescriptions that would have been esteemed "orthodox." I watched also the patients of another practitioner who had abounding faith in the virtues of large doses of drugs given in complex prescriptions, and I saw that when released from these and treated only with inactive liquids, they recovered far more quickly than they had done under the previous *regime*. I was glad, for a time, to avoid doing harm with medicines, but wondered none the less of what use I could be in the world, if this was the art of medicine.

Patients came, fees multiplied, those who consulted me believed that my medicines had cured them. Then arose the temptation—strong and dangerous—to "rest and be thankful" for the remainder of my days. Out of such a slough of therapeutic apathy I determined to raise myself.

I now commenced the study of drugs, not according to the academical classifications of stimulants, narcotics, &c.,

but by striving to examine the nervous agencies at work in giving rise to the various effects they produced. In this way I studied the kind of sleep occasioned by various narcotics, the particular tissues affected by different drugs, and the pathological changes produced in those tissues during the action of drugs. In short, I endeavoured to study pharmacology and to apply the knowledge so gained to practical use at the bedside. I tried to select in each case a medicine which acted (as shown by experiment on healthy bodies) on the tissue or organ affected. For example, in a case of dropsy, instead of trying to reduce the bulk of fluid by purgatives, diuretics or diaphoretics—each supposed, theoretically, to be useful for that purpose—I now gave a medicine which, if the dropsy were of cardiac origin, would act upon the heart, so as either to hasten or retard its movements, through some specific influence on the nerves concerned in doing so. In this way I did some good. But what, if in this, or other cases, my *theory* as to the disordered organ or tissue were at fault, or the specific action of the drug chanced to go wrong? It might easily be so, and doubtless frequently was. Still this line seemed to be more rational than the old one of covering up pain with opium, stifling cough with greasy squills, forcing appetite with bitters, choking diarrhoea with astringents, or purging or sweating because constipation or a dry skin were present.

The definite and unvarying effect produced by drugs upon healthy men afforded, at least, a glimmer of light, and I began to grope after a knowledge of the changes drugs produced in the body when given experimentally in health. Such changes were obviously of the nature of diseases, and in many instances strikingly imitated well-recognised forms of disease.

At this stage I was becoming hopeful, inferring that actual disease and drug disease were two facts which, occurring as they did with so much regularity and certainty in their effects, must be in some way or other so linked together as to afford an explanation of their relation to each other.

My next step was to ascertain how it was that the few "specifics," which traditional medicine did possess were successful in curing disease; to learn, if possible, how it was that *quinine* cured ague, *colchicum* gout, *phosphorus* neuralgia, *arsenic* some skin diseases—when fitting cases of each were chosen. That these medicines were remedies

in such cases was a fact upon which I could rely ; but why they cured, or what effect either had upon the body, or how they had been alighted on, no one could inform me !

Then some consideration of inoculation as in vaccination and in Pasteur's experiments, as affording a specific cure, dwelt in my mind for a time.

Flashes of light on the dark region of therapeutics now followed in rapid succession. Ringer's *Handbook of Therapeutics* appeared, or rather a new edition of it, abounding in specifics used in small doses, prescribed singly and not in mixtures. Again and again I proved the truth of Ringer's hints. Patients who ought to have been ill, and, under the old therapeutic methods, would have been ill for weeks or days recovered in days or hours !

Why did *ipecacuanha* cure certain forms of vomiting. It is a drug which shows a specific influence upon the nervous supply of a healthy stomach in producing that very form of vomiting which, when found in a sick man, it cures !

Why did *cantharis* cure strangury and cystitis ? It is a specific producer of these very troubles.

Why did *corrosive sublimate* cure dysentery ? In all the cases of poisoning by this salt that I could ever hear or read of, acute dysentery was a prominent cause of suffering !

These, and many other similarly acting specifics, were the very drugs which, according to traditional therapeutics, ought to have made my patients worse.

I now began to make a careful search in every case of disease that came under my notice, for a drug which would excite, as nearly as possible, the very symptoms I wished to cure: I met with many in which I was able to find such a drug, but two very obvious ones I will record as illustrations.

A child, four years old, was convulsed, from what cause I could not discover. The convulsions were peculiar. There was opisthotonos, the facial muscles were fixed, the child screamed as if in acute pain and the abdomen was hard and rigid. After the failure of *chloroform*, *morphia*, *belladonna*, *hemlock*, and the *bromides*, and the attacks becoming more and more frequent, with death apparently close at hand, I gave to this patient, whose condition so closely resembled one of poisoning by *strychnine*, quarter-drop doses of the *tincture of nux vomica* every quarter of an hour for some hours, when my patient sank gradually

into a relaxed and feeble state, slept profoundly and recovered.

2. An intelligent boy, 10 years old, had paralysis after diphtheria. He graphically described his sensations:—Feet first cold then numb, followed by numbness and loss of power in the legs, then up to the waist; his speech was heavy but his intellect clear, and so on—a perfect picture of the poisoning experienced by Socrates with *hemlock*. *Conium* restored this boy to health in a few days.

If the reader has followed my line of thought, he will not wonder that I now procured books containing records of the symptoms produced by drugs in the course of experiments made with them on healthy persons. I desired to study the symptoms drugs did produce in health in order that I might apply them to cases, the symptoms of which most closely resembled those these drugs gave rise to in health.

Why it was that the men who had so laboriously, and with so much self-sacrifice, by experiments chiefly made upon themselves, compiled those books, who had given to the profession the key to the use of the medicines, the effects of which they detailed, had been held in contempt and shunned by the followers of traditional medicine, became a tremendous puzzle to me.

For my own part, since success now follows so refreshingly upon my efforts when made with a careful regard to the law of similars—since a light so brilliant has illuminated my former darkness, rendering the practice of medicine a certainty and delight to me where not long since it was a disappointment and almost a disgust, I confess that I regard these men as being my greatest benefactors.

Why should we not avail ourselves of this great and far-reaching therapeutic law, *similia similibus curentur*, to the end that we may cure our suffering fellow-creatures quickly, safely and pleasantly, notwithstanding that there remain mysteries to be solved as to the *modus operandi* of drugs so chosen? Surely it is wiser and more useful to cure first of all, and to endeavour to explain the way in which the cure was effected afterwards, than it is to theorise first as to how we should select our remedy, with the result of so often finding that our poor fallible human reasoning was at fault, and that our medicine had done no good because it was the wrong one, and the wrong one because the theory that suggested it was erroneous!

Let us by all means retain our palliatives to be employed in cases where we cannot find specifics, but nevertheless let us search for more specifics, and so diminish our list of merely temporary palliatives until none are needed by us.

I have penned the foregoing sketch of the steps by which I passed from therapeutic darkness to therapeutic light in the hope that others who have experienced the difficulties, have been harassed by the doubts, and have felt the disappointments that I have been beset by, may be induced to pursue a similar line of enquiry. I cannot but feel that there must be many such. I would ask them honestly, carefully, thoroughly and experimentally to examine for themselves the bearing of the therapeutic law of similars upon practical medicine, and I am confident that, having done so, they will emerge from the vague empiricism of the schools and enter upon a path of certainty and usefulness in what Dr. Wilks, with a degree of contemptuousness significant of the general therapeutic darkness, calls "physic-giving," which will abundantly satisfy them, and amply compensate for any sacrifices their so doing may entail.

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#### "THE GOVERNING LAW OF EMPIRICAL OBSERVATION."

THE ceremony of laying the foundation stone of the future Examination Hall of the Royal Colleges of Physicians and Surgeons on the Thames Embankment, by Her Majesty in March last, afforded *The Times* an opportunity, on the 24th of that month, of serving out to the British public a homily on medicine and surgery in the form of a leading article. The reference made therein to medicine, as a science, is apologetic in the extreme. The writer would seem to have been fully possessed of the feeling which pervades the minds of the most eminent members of the profession—that combinations of drugs are of little or no real value in influencing the course of disease; that when they "write down on a piece of paper, six inches by four, some drug for every trouble with which a patient presents himself," it would be rather difficult for them to give a good reason for doing so! And being so, he assumes that "medicine is not a science in the same sense as surgery." We must also conclude, from his further remarks, that this writer believes that it never can be, and worse still, is quite content that it never should be!



The following passage is that to which we desire especially to refer :—

“ It is often said that medicine is not a science in the same sense as surgery. The diagnosis may be as exact, though in large classes of cases that itself is improbable, but the means of dealing with the morbid condition have none of the certainty and directness of the surgeon's methods. It is possible to make too much of the distinction. Probably we shall never know why a given drug acts in a particular manner, and therefore people who pine for an *a priori* method of utilising drug action, will always have to complain that medicine is not scientific enough for them. But in basing itself upon empirical observation, the governing law of which is not understood, medicine is in no worse position than natural science in general, all whose explanations rest upon a substratum of the unexplained and probably unexplainable. The real difficulty of medicine would survive the most complete understanding of why and how every drug produces its effects. For that difficulty lies in the personal equation in the large part played by factors contingent upon the peculiarities of the particular organism under treatment. The science of medicine has made great advances during the last two generations, and will make greater still. But the art of applying that science to a complex of conditions never before encountered, and seen at best only as modified by disease, will always remain extremely difficult, and in its last perfection beyond the reach of all save very finely balanced organisations.”

A reply to the conclusions of this writer was addressed by Dr. Dyce Brown to the editor, but, entering heartily, as do the proprietors of *The Times* into the conspiracy of silence wherewith it is hoped to keep homœopathy from public knowledge, his letter was refused publication. The general practitioner and the druggists have much to thank the leading journal for in taking their part, but the public have, on the other hand, grave cause for resentment that their interests are so ruthlessly sacrificed by this partisanship, especially in a quarter where partisanship has no excuse.

*The Times'* writer calmly, and contentedly withal, asserts that “ we shall never know why a given drug acts in a particular manner”—as a matter of fact we do know! Again, “ in basing itself upon empirical observation, the governing law of which is not known, medicine is in no worse a position than natural science in general.” This study of empirical observations showed to Hahnemann that the only fact deducible from them was, that all cases cured—obviously

cured by a given drug—were cases, the symptoms of which were remarkably like the very symptoms that identical drug was well known to produce.

This fact he found to run through the whole of the literature of medicine from the days of Hippocrates onward. He regarded it as pointing to the "governing law" of such empirical observation. It is *the* one uniformly noticed fact in all therapeutic records; all they contain beside it is variable and uncertain; all experience since his time has confirmed the accuracy and justice of his conclusion. To say that this "governing law" is not known displays either intense ignorance, the most stolid stupidity, or a callousness to the claims of truth, which discreditable as it is in anyone, is specially so in him who poses as an instructor to the multitude.

To say that, in disease, we shall *never* know why a drug acts in a particular manner is utterly absurd; inasmuch as, knowing, as we do, that when a medicine is given to a person suffering from a natural disease, which medicine is itself capable of exciting an artificial disease characterised by similar symptoms, and a cure of the natural disease promptly follows, we are justified in assuming that the reason "why" the drug acts in this particular manner is because its action in health is similar to that of the disease it cures. If we ask "how" it cures, then truly we encounter a problem hitherto unsolved. But, fortunately for the sick, our being able to reply "why" is amply sufficient for their needs.

Thus a person unaccustomed to prescribe drugs otherwise than on some theoretical conception of the condition of the blood, that of some tissues, or of some organ, or according to some preconceived notion of the diathesis of the invalid, should meet with difficulties in "the peculiarities of particular organisms under treatment" we can easily understand. But if the physician will, in prescribing medicines, be content to set aside his pathological speculations and accept the facts set forth before him in the objective and subjective symptoms of his patient—if he will decline to reject a symptom or symptoms as unnecessary to assist him in selecting a medicine simply because he is conscious of his inability to give them a pathological interpretation, he will find the difficulties arising from the peculiarities of a particular organism much less than he would have expected; and that the art of applying the

science of therapeutics to a complex of conditions never before encountered, so far from being "beyond the reach of all save very finely balanced organisations" is quite attainable by anyone who will diligently study the symptoms produced by drugs in health, and carefully compare them with those constituting "a complex of conditions."

So far as the therapeutics taught at the ordinary hospitals goes, so far as that, the student's knowledge of which is to be tested in the new Examination Hall is concerned, it is indeed painfully true that "the means of dealing with morbid conditions have none of the certainty and directness of the surgeon's methods." Neither will they have until the time arrives when therapeutic measures are invariably based upon the "governing law" deduced by Hahnemann from "empirical observations."

That the law *similia similibus curentur* is a "governing law" in therapeutics is felt both by Dr. Lauder Brunton and Dr. Ringer—both of whom have published manuals of *Materia Medica*, in which a large proportion of the uses of drugs endorsed by them as valuable have been made known through the practical application of this law. Why is this fact ignored, not only by *The Lancet*, the editor of which is, like he of *The British Medical Journal*, too deeply committed to the ignorant assertion that no such law exists, that its supposed application is "a fraud," and that those who avow their faith in it are either "knaves or fools," to allow him to do otherwise than keep silence regarding it, but by *The Times*, on the staff of which are men of education and culture, men who should be ashamed to allow the influence of their newspaper to be used in support of those who day after day, on their own confession, prescribe medicines which are worthless, which they know can do no good whatever, and against all to whose earnest work we owe what is really useful in drug therapeutics.

To write of medicine in the way in which it is written of in the passage we have quoted is to deceive the public—to state as fact that which is notoriously untrue. There is, we repeat, a governing law in therapeutics; it is possible by the aid of this law to prescribe medicines which shall be useful in complex conditions of disease. To take a part with the leading members of the profession in keeping this fact from public knowledge by a public newspaper is therefore a betrayal of a public trust—is to shirk a public duty.

## REVIEWS.

*Leçons de Clinique Médicale professées à l'Hôpital Homœopathique St. Jaques 1877 à 1885.* Par le Dr. P. Jousset. Paris: J. B. Baillière et fils. 1886.

WHEN it is understood that in the course of these interesting lectures *Hydrophobia* and the different varieties of *Purpura hæmorrhagica* are exhaustively dealt with, and that *Bryonia* in *Pleurisy*; *Strumous Lupus of the Throat*; *Typhoid Fever*; *Gout and Rheumatism*; *the Treatment of Erysipelas*; *Typhoid Endocarditis*; *Latent Pneumonia*; *Drugs in large doses*; *Pelvic Hæmatocele*; *the use of Sulphate of Quinine*; *Varioloid*; *the treatment of Syphilis and Iritis*; *Pleurisy, Diffuse Myelitis*; *Pulmonary Phthisis*; *Blenorrhagic-Epididymitis*; *Progressive Anæmia*; *Certainty in Therapeutics, &c., &c.*, are each considered more or less at length, and that in most of these subjects original theories both of treatment and pathology are brought forward and defended with a power that commands our respect, if it does not always ensure our assent, it will readily be seen that it is impossible within the limits of an ordinary review to do more than glance at some of the topics treated of.

The first four lectures are on hydrophobia. These were delivered in 1877, and contain, therefore, no reference to Pasteur's inoculations; they consequently read like ancient history, and although the disease is well described and the treatment carefully gone into, there is little that is new, and hence little that requires attention. Dr. Jousset quotes many cases to show that hydrophobia is not necessarily incurable, and argues that this fact should give us hope that better remedies will be found for this disease. *Belladonna*, *hyoscyamus* and *stramonium* are the medicines principally spoken of, but sub-cutaneous injections of *atropin* were used in one of his cases and appeared to give much relief. We think it is surprising that a fuller and earlier trial was not made of this drug, than which hardly one would seem to be more strikingly homœopathic to the first stage. The point of his lecture on *bryonia* in pleurisy is, that it is advisable to give the remedy in mother tincture, as he finds that in that form it has proved successful where the dilutions had failed. Asking himself the question what had led him to adopt this treatment, he replies, p. 109, "altogether personal experience."

Dr. Jousset attacks with force and with much justice the doctrine of "specifics" in disease, as distinguished from the treatment of each individual case. He says, p. 180, "in homœopathy, as in allopathy, specificism exercises an often unconscious influence, but one which is none the less pernicious." "I know," he adds, "a specialist in skin disease, who treats all gouty skin affections

by alkalis, because alkaline waters cure, or are reputed to cure, gout. I know a homœopath who gives *colchicum* in all gouty affections, arthritis, iritis, endocarditis, diabetes, &c., &c., because *colchicum* is, for this physician, the remedy for gout. How many physicians give *sulphur* or *iodine* in all scrofulous cases, whatever is the affection from which they suffer. I do not hesitate to say that this is bad practice and lost time. Neither *sulphur* nor *iodine* can supersede *ipœcacuanha*, *apis*, *euphrasia* and *arsenic* in the treatment of strumous keratitis. In the same way, alkalis cannot supersede *china*, *ledum*, *bryonia* or *rhus*, in the treatment of gouty arthritis. Can they replace *aconite*, *cactus*, *spigelia* and *arsenic* in gouty endocarditis? You know, as well as I do, that specific drugs alone tend to terrible failures. If *sulphur* and *arsenic* are so often useful in the treatment of dartrous eruptions it is not that they are specific, but that they correspond to many cutaneous affections. You well know that, far from curing all cases, these two remedies would leave us in great difficulty if we had not *rhus vernix*, *sepia*, *graphites*, *manganum*, *dulcamara*, *viola tricolor* and so many others."

Undoubtedly many of us may err by treating the constitutional condition instead of the symptoms, but is there not danger in the opposite direction? Surely it is necessary to keep in mind the diathesis of our patients, as by so doing we shall often be led to prefer as a remedy one that, in other respects, may appear equally well indicated, to the great advantage alike of our clients and of ourselves. We remember a brilliant cure of spasmodic asthma in a patient aged 60, in whom the disease had existed thirteen years, and during that time both homœopathic and allopathic treatment had been resorted to without avail. The gouty element was recognised, and *nux* and *hepar* being accordingly prescribed gave prompt relief, and effected a permanent cure in the course of four months. Jousset would probably say that those were the remedies indicated, but we doubt if they would have been chosen by any homœopath who failed to recognise the gouty diathesis in the patient.

The remarks of our lecturer on prescribing for the group of symptoms rather than for the constitutional state is *à propos* of the rapid recovery of a case of typhoid fever, with cerebral symptoms, under *hyoscyamus* 1.

*Baptisia* seems to have been abandoned altogether by him because he has found that it has failed to "jugulate" the disease! Does he not give up a good remedy because too much has been claimed for it? After expressing his opinion, p. 598, that typhoid must run its course and cannot be aborted, he concludes, "however let us render homage to the good faith of our English and American confrères, who have loyally recognised their error on the subject of *baptisia tinctoria*."

In his lecture on *Gout*, most valuable and practical remarks are made both on the pathology and on the treatment of that disease; *china* in various strengths, but principally the 6th, is one of his chief medicines, both in the acute and chronic forms. He supports his position as regards its theory by extracts from the pathogenesis of this drug, and practically by several very good cases. The whole volume is full of material for careful study, and though there are many points on which we should be inclined to challenge the author's position, there are none which will not repay a thoughtful perusal, and even in these days, when new books are apt to be "a weariness to the flesh" of hard-working practitioners, we do not hesitate to recommend its study.

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*A Cyclopædia of Drug Pathogenesis.* Edited by RICHARD HUGHES, M.D., and J. P. DAKE, M.D. Part iii.—*Arnica—Berberis*. London: Gould & Son, New York: Boericke and Tafel, 1886.

We have much pleasure in congratulating the editors of this important work and medical men generally on the thoroughness with which it is being performed, and the rapidity with which each part succeeds its predecessor. That before us contains 192 pages, and concluding the article on *arnica*, devotes seventy-six pages to the pathogenetic effects of *arsenic* as shown in poisonings, and reliable and fully reported provings of the salts of that metal. We have here first of all the records of thirty-one series of experiments, in which the symptoms are detailed in the order of their occurrence. The details of forty-nine cases of poisoning are given, the symptoms and symptom-groups of which are typical illustrations of the action of the drug, while occasional references are made to cases not referred to in the text, in order that every opportunity may be afforded for the complete utilisation of the wide field of its toxicology. Following them we have the details of sixteen experiments upon the lower animals. What evidence we have of the pathogenetic power, *artemisia*, *arum*, *asafetida*, *asarum*, *asclepias*, *asparagus* and *asterias* comes next. Then we have thirteen provings of *baptisia*, fourteen illustrations of poisoning by the salts of *barium*, with four sets of experiments made with them on the lower animals. Provings, poisonings and experiments on animals with *belladonna* and *atropine* occupy forty-six pages, and with the first portion of *berberis* provings this part concludes.

Containing as it does a very ample, and at the same time *natural* account of the pathogenetic effects of two such invaluable drugs as *arsenic* and *belladonna*, this section of the *Cyclopædia* is one that demands a very careful and thorough study

from every physician who desires to know the properties of the substances he uses as remedies.

How much we are indebted to Dr. Hughes and Dr. Dake for having such valuable material placed before us for study it would be difficult to estimate. Those who take advantage of the opportunities thus put within their reach will find that in no other way will their knowledge of the action and uses of drugs be made so clear to them.

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## DINNER.

### THE HAHNEMANN ANNIVERSARY DINNER.

ON the 10th ult., the anniversary of Hahnemann's birth at Meissen, in 1755, was commemorated by a dinner, the arrangements for which were made by the British Homœopathic Society, when fifty-three of its fellows and members and their friends were present. The chair was taken by the President of the Society, Dr. MACKENZIE, of Bath, and the Vice-Chairmen were Dr. Roth (London) and Dr. Hughes (Brighton), Vice-Presidents of the Society. Among those present were Major Vaughan-Morgan (the Chairman of the London Homœopathic Hospital), Mr. Hugh Cameron (the Senior Member of the Society), Dr. Dudgeon, Dr. Yeldham, Mr. Engall, Dr. Dyce Brown, Dr. Carfrae, Dr. Matheson, Dr. E. Blake, Dr. Galley Blackley, Dr. Clarke, Dr. Watson, Dr. Lloyd Tuckey, Mr. Harris, Dr. Suss-Hahnemann, Dr. Jagielski, Dr. Renner, Dr. Byres Moir, Dr. Sandberg, Dr. Noble, Dr. Anderson, Dr. Goldsborough, Mr. G. Smith, Mr. Marsh, Mr. Hermann Hilbers, and Mr. W. Roth (London), Dr. Pullar (Edinburgh), Dr. Pope and Dr. Nield (Tunbridge Wells), Dr. Hale (Surbiton), Mr. Butcher (Windsor), Dr. Morehouse (Woolwich), Dr. Shackleton (Sydenham), Dr. Burwood (Ealing), Dr. Percy Wilde (Bath), Dr. Murray (St. Albans), and Dr. Kitching (Cape Town). In addition to these were several visitors, among whom were Mr. G. A. Cross (the Secretary of the London Homœopathic Hospital), Mr. V. Blair, Mr. E. Blair, Mr. Borradaile, and Mr. Husson, together with others whose names we were not able to obtain.

The musical arrangements were most successfully carried out by Mr. Richard Mackway, and on the singing of a very excellent Glee Club the chief interest of the party was centred.

At the conclusion of a well-served dinner, grace having been sung, "The Health of Her Majesty the Queen" was proposed in a few well-chosen words by the President, and was received with

a thoroughly loyal and cordial response. The National Anthem having been sung by the Glee Club,

Dr. **MACKECHNIE** rose amid loud cheers to propose the toast of the evening, "The Memory of Hahnemann." In doing so he said he desired that they should now do honour to the memory of Samuel Hahnemann, the great man whose birthday they were assembled to celebrate, whose wonderful insight had enabled him to grasp the many isolated facts known in his day and pointing in the direction of homœopathy, to combine them into a theory of drug therapeutics; and at the same time possessing an energy and force of character enabling him to carry out, with the aid of his friends, the investigations necessary for its establishment in practice. Thus had he proved to us a pioneer, as it were, opening up to us a new country, where we could meet our enemy, disease, on far more equal terms than of old—a country where our rivals of the old school do not hesitate to follow us, while they pretend to ignore the name of the discoverer. He would propose the "Memory of Samuel Hahnemann" to be drunk standing and in silence.

The next toast on the programme was that of "The Memory of Dr. Quin," the founder of the Society, which was proposed by his old friend Mr. **CAMERON**, who was received with loud and continued cheering. He said:—

Mr. Chairman and Gentlemen,—I appreciate very cordially the personal kindness which has prompted you to place the toast of the "Memory of Dr. Quin, the Founder of the Society" in my hands, although I am very conscious of my own inability to do it justice, and that many of his friends around me would perform the duty much more effectively and worthily than I can. But the gratification of proposing this toast, to the memory of my dear friend, was too great a temptation to let me decline your offer, and in a moment of rash selfishness I accepted it. If Dr. Quin had conferred no other boon on homœopathy than the foundation of the British Homœopathic Society, that alone would have been sufficient to ensure our grateful and affectionate regard for his memory. The influence which that society has already had over the extension of our system, and over the status of our colleagues, and the estimation in which they are held by all ranks of our countrymen, is incalculable, but it is as nothing compared to what it will be, in developing the principles that guide us, in generations to come. When we think of the progress of therapeutics, and of the discoveries that are already beginning to revolutionise pathology and the practice of medicine within the last twenty years, and that they have all, or at least the most important of them, been upon the lines of our fundamental principle, which it is the very function and *raison d'être* of our society to forward and develop, and that our society is the largest and the



most important one in this country, we are warranted in affirming, with confidence, that from its ranks in times to come will rise future Pasteurs to carry this principle triumphantly into other fields not yet dreamt of, and not entirely confined to the region of therapeutics. These considerations, and the prospects they suggest, are more than enough to let us ever forget the memory of the man to whom we owe the existence of our society. Next in importance, if not quite as important, among the innumerable benefits conferred on us by Dr. Quin, come the foundation of the hospital and the blessings it has showered upon suffering humanity in its humblest and most helpless ranks, to say nothing of the dignity and estimation which its very existence has secured for our cause. No one but those who worked with Dr. Quin (turning night into day for years) in framing the laws and constitutions, can have any proper conception of this labour of love, and what a strain it was on his time and attention. From all the medical societies of England, Scotland and Ireland, and from many of their other learned bodies and hospitals, he procured copies of their laws and regulations, and night after night he and those who tried to help him were engaged in selecting, modifying, altering and adapting, and applying to our requirements all that seemed most appropriate to our circumstances, until at last the result assumed those forms that they still maintain with small change, as the laws and regulations of our society and hospital. There is one other point to which I should like to draw your attention, almost of equal importance to those I have alluded to, and which is seldom thought of, I am afraid, in considering Dr. Quin's services to homœopathy. No sooner did he obtain his degree than he at once became attached, professionally, to one of the leaders of the highest rank of society at Rome, Naples and Paris. In that class he very soon became a *persona grata* in every house and at every table, and in it maintained his influence and esteem to the day of his death. His sparkling wit, that never wounded the feelings of any human being, and his great abilities and knowledge of the world, and his unrivalled convivial qualities, his wisdom as a counsellor in many a delicate affair, won for him a position in those high circles seldom attained by any one not born in the purple. When, with this prestige, he hoisted the flag of homœopathy in London he did so not among strangers but among intimate friends—chiefly among the "upper ten" among whom his practice rapidly extended, and to whom the knowledge of the existence even of homœopathy in those days was almost confined in England. As this knowledge gradually but slowly descended among the lower strata of society, and permeated ultimately all ranks even to the lowest, the social status acquired by Dr. Quin descended with it, and has ever since been shared by our colleagues in all ranks,

independently of the class to which their patients belong. If the introduction of homœopathy had taken place under opposite conditions, and our system had had to fight its way upwards from the bottom of the scale under persons less fortunately situated than was Dr. Quin, I believe that the recognition of its professors as gentlemen would have been much less frank and pleasant than it has been. As I had the inestimable privilege of enjoying Dr. Quin's close and affectionate friendship for upwards of 40 years I should like much to speak of him in his private relations of life, but my associations with him at that time are so warm, and my feelings of gratitude to him are so near my heart that I will not venture upon that ground on this occasion, and it is not necessary that I should do so, for I am sure that I have said enough to secure for his memory a fitting acknowledgment at all our future meetings of this kind—meetings which he was the first to institute and maintain at his own table until ill health compelled him to abandon the practice. I will detain you no longer but now propose that we should drink in solemn silence "The Memory of Dr. Quin, the Founder of the Society."

The toast having been honoured in silence,

Horsley's Glee, "By Celia's Arbour," was effectively sung by the vocalists.

The next toast, that of "Prosperity to the British Homœopathic Society," was to have been proposed by Dr. Pope, but he having been obliged to leave, the President called upon

Dr. Dyce Brown, who said that as it is the fashion nowadays for every one to have grievances, his grievance was that he was called upon at a few minutes' notice to propose this toast, in room of his friend Dr. Pope, who, he regretted to say, had been obliged to leave the dinner to catch the last train to Tunbridge Wells. The Society is one of three principal methods of furthering the cause of homœopathy—the three being the Hospital, the Journals and the Society. The British Homœopathic Society was, in its own way, equally important with the other two. It is a good thing for professional brethren to meet together at stated intervals. It tended to keep up a friendly social feeling which was essential for the progress of homœopathy. Sharp edges were rubbed off by social intercourse, and a certain narrowness which crept in when one was too much by oneself, occupied constantly in practice, was prevented. But besides this social aspect of the benefits of the Society, it is there that we can bring forward our cases and experience, and have our particular ideas discussed, thus benefiting each other and mutually promoting the practice of homœopathy. Kindred societies exist in all the large towns, and where they exist they are found to be the centre of the life of homœopathy. He might perhaps be allowed to include

in the toast the other many kindred societies. But as the British Homœopathic Society is the oldest of them all, and the Metropolitan Society, he thought it the duty of every homœopathic practitioner to belong to it, although from living away from London he might not be able frequently to attend. It always gives the town members great pleasure when their provincial brethren were present at the meetings. He would also suggest that the suburban members might attend more frequently than some of them do. He begged to propose "The Health and Prosperity of the British Homœopathic Society, and the other kindred Provincial Associations," and at the same time the Health of Dr. Hughes, one of its Vice-presidents, and for some years past its energetic and most useful Secretary. (Cheers.)

Dr. HUGHES returned thanks, in the name of the Society, for the good wishes expressed on her behalf. She intended (he said) to continue for another forty-two years—if need be—to discharge the functions for which she had been called into existence, as on this day, by Dr. Quin, in 1844. To the profession at large she would hold forth unflinchingly the banner of homœopathy; and when the time should come—as come it must—that the leaders of medicine in the country should come forward with a flag of truce, seeking in conference to consider how this most unnecessary schism might be healed, they would find in the British Homœopathic Society an organised and responsible body, capable of speaking for their colleagues. On behalf of her members the Society would continue to cultivate a high sense of honour and a brotherly fellowship, repressing abuses, soothing irritations, and promoting understandings. On the other hand, by the papers read and the discussions held at her meetings, she would seek to develop to its utmost that method of Hahnemann to which her members' lives were devoted. In aid thereof, moreover, she would issue or assist—as she had done in times past—publications conducive to the working of the method. She had now taken upon her shoulders the burden of giving to homœopathy a revised and improved *Materia Medica*; and if only that the *Cyclopædia of Drug Pathogenesis* owed its existence to her patriotism, he trusted that it might be said of her—"she has deserved well of the republic." (Cheers.)

"Ossian's Hymn to the Sun" was then sung by the Glee Party, after which

Dr. ROSE the senior Vice-president having been called on by the President, said:—

Mr. President and Gentlemen,—As an officer of the Society, I have the order and the honour to propose "The Health of our Visitors." I do not intend to inflict upon you the punishment of a long speech at this late hour, and wish only to mention that although the number of visitors who have honoured us with

their presence this evening is not very large, I request you not to look at their quantity but at their quality. They represent four professions. Two of our visitors belong to the noble profession of schoolmasters, and I have not the slightest doubt they will promote homœopathy among the coming generation. Law is represented, and thus we will have somebody to defend the reformed medicine, which only acknowledges one law as the real scientific law for treatment by medicines, against the old school which can't boast of a similar law. We have also among our visitors a young foreign medical man, who came to this country for the purpose of increasing his knowledge of homœopathy; he will return to his own country and will make known what he has learnt during his visit to our society and the Homœopathic Hospital. The auxiliary forces are well represented by one of the visitors, who is the chairman of the Board of Management of the Homœopathic Hospital, and who has most zealously promoted the interests of homœopathy, not only by his generous contributions to the funds but still more by his indefatigable zeal and work, and therefore you will permit me to couple with the toast for the visitors, the name of Major Vaughan Morgan, who, as I hope and wish, will continue for many years to enjoy good health, and to persevere in his kind labours in the interest of homœopathy. (cheers)

Major MORGAN, who replied for the Visitors, observed that he would not be such a barbarian as to inflict a speech upon them at that hour, more especially in presence of the fact that there was still so much sweet music in store for them. The visitors felt grateful for the cordiality of their reception and fully appreciated the very good fellows whose guests they were, and the fairly good dinner provided. They thought such gatherings were productive of nothing but good for all concerned, not omitting themselves, and trusted the dinner would be repeated and that they might all be present to enjoy its successor. As the subject of the Hospital had been mentioned, perhaps he might be excused for referring to the present phase of the attempt to open the new ward. As all the homœopathic medical men had received a letter from him on the subject they would know what was proposed. Although he had personally addressed every practitioner a month ago, the answers which he had received might be counted on the fingers of one hand. This he was quite aware was to be fully accounted for by the press of work during the last month, and he felt quite certain that the present month's results would make up for it. On the other hand, the lay advocates of homœopathy having, he would not say more zeal, but more leisure, had enthusiastically answered the appeal, and already, before the general body was appealed to, he had been promised an income equivalent to one-half of what was

required. (Cheers.) It would probably be interesting to his auditors if he added that, in response to the offer of a prize for the best essay on homœopathy, a dozen manuscripts had been sent in, so that there was every probability that an essay worthy of the subject, and one capable of emphasising and popularising the great discovery of Hahnemann would be forthcoming. (Cheers.)

The remainder of the evening was devoted to singing by Mr. Mackway's party. "Oh! bold Robin Hood," "Come let us join the roundelay," and "The long day closes," being given by the whole party; while Mr. Thomas Powell sang "Sing, Maiden, sing," and Mr. Richard Mackway "Tis all that I can say" and Mr. Arthur I. Keston recited Lord Macaulay's "Horatius."

The efforts of the vocalists, as well as those of Mr. Keston, were highly appreciated, while the pleasant intercourse the meeting afforded made one and all hope that the revival of the Hahnemann Anniversary Dinner will be permanent.

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## NOTABILIA.

### LONDON HOMŒOPATHIC HOSPITAL.

IN our last number we referred to the efforts now being made by the Board of Management of this institution to obtain a fund, the income derivable from which shall, with that which, pending the re-opening of the medical school, is appropriated to the purposes of the hospital, enable the board to open the Bayes ward for the reception of patients. The amount of money already subscribed will produce about half of the sum required. Further donations will, it is hoped, be forthcoming in response to the appeal which is being circulated.

It has further been determined to hold a Bazaar and Fancy Sale on Friday the 4th and Saturday the 5th of June. It is proposed to arrange a special stall for the sale of clothing for the poor and work suitable for charitable purposes. Gifts of useful or fancy articles suitable for disposal at the Bazaar, and gifts of money are earnestly desired, the following ladies have consented to receive contributions of either kind at their residences:—

Mrs. Vaughan Morgan, 5, Boltons, South Kensington, S.W.

Miss Barton, 8, Lowndes Square, S.W.

Miss Isabella Barton, 8, Lowndes Square, S.W.

Mrs. Cameron and the Misses Cameron, 55, Redcliffe Gardens, South Kensington, S.W.

Mrs. Bax-Ironside, 7, Norfolk Street, Park Lane, W.

Miss Loring, 14, Montagu Street, Portman Square, W.

- Mrs. Yeldham, 10, Taviton Street, Gordon Square, W.C.  
Mrs. Süss-Habnemann, 14, Highbury Crescent, N.  
Mrs. Matheson, 4, Granville Place, Portman Square, W.  
Mrs. and the Misses Dudgeon, 58, Montagu Square, W.  
Mrs. Neville Wood, 10, Onslow Gardens, S.W.  
Mrs. Carfrae, 4, Hertford Street, Mayfair, W.  
Mrs. Blackley, 2, Gordon Street, Gordon Square, W.C.  
Mrs. Bayes, 88, Lansdowne Place, Brighton.  
Mrs. Pope, 18, Church Road, Tunbridge Wells.

In connection with the bazaar, but on a day not yet fixed, a Fine Art Distribution, on the model of the distribution which was so successful a few years ago, is being organised. The date, with list of prizes, and the subscription for tickets will be announced as early as possible, and under the arrangements proposed, every holder of a ticket will secure a prize in the Fine Art Drawing. The Board earnestly hope that the numerous friends of homœopathy, associated with art in its various forms, will consent to aid in the Fine Art Distribution by presenting, or inducing their friends to present Works of Art, such as Oil Paintings, Water Colour Paintings, Drawings, Etchings, Engravings, Photographs, Paintings on China or Silk, Medallions, Jewellery, Statuary, Vases, China, Rare Pottery, or other objects of art, suitable for greater or smaller prizes. The receipt of such gifts not later than Monday, May 31st, would be of great assistance in facilitating the issue of a proper list of prizes.

The sum subscribed in aid of this special fund amounts at present to £2,240. We hope that by the efforts now being made this will be largely increased. To enable the Board to place the full advantages of the hospital at the disposal of the sick poor it must be so.

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#### BRADFORD HOMŒOPATHIC DISPENSARY.

From the report of the work of this Institution just issued we learn that the number of patients who have been in attendance at the Dispensary during the past year is 190, of whom 92, or nearly one-half, have been paying patients; and the remainder, 98, have been admitted free on the recommendation by a subscriber. The total number of attendances is 1,135.

The analysis of the various diseases which have been under treatment shows the percentage of cases cured to be .33, or one-third; and of those relieved .46, or nearly one-half; a result which will bear favourable comparison with any similar institution. Dr. M. Wilkins Gutteridge is the medical officer.

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### THE GLASGOW HOMŒOPATHIC DISPENSARY.

THE first Annual Report of this Institution shows that an excellent commencement has been made by the committee and medical staff. It was opened on the 18th July, 1885. The attendance of patients has gradually and steadily increased from the first day until the date of issue of the Report, the 23rd February, 1886. During that time 1,110 consultations were held, and 66 visits paid at patients' houses.

The medical officers are Dr. J. Simpson and Dr. R. G. Miller.

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### CROYDON HOMŒOPATHIC DISPENSARY.

THE Report for 1885 shows that during the year 422 patients have been admitted, the number of consultations being 1607. The medical officers are Dr. Purdom and Dr. Delepine.

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### NEW ZEALAND SULPHUR SPRINGS.

IN *The Daily Telegraph*, of the 17th February, Mr. George Augustus Sala, in the course of relating his observations and experience in New Zealand, gives the following interesting account of the Sulphur Springs of Rotorua :—

“The next day being Sunday, and splendid albeit scorching weather, we made an early excursion to Sulphur Point, where the resident medical superintendent, Dr. Ginders, who has recently succeeded Dr. Lewis, courteously showed us the lions of the nascent township of Rotorua, including the hospital and sanatorium, and the various baths. There was a very powerful odour of sulphur about the entire township—say, about ten times stronger than that which assails your olfactory organs at Hietzing, near Vienna. The residents of Rotorua, according to Mr. Dunbar Johnson, grow accustomed to the sulphurous breeze, and in process of time like the smell very much indeed. For the rest there is much to admire, to wonder at, and look forward to at Sulphur Point. The sanatorium is prettily situated, neatly built, and exquisitely clean. As I have already said, Rotorua is a city of the future. The townland has an area of some 600 acres, dimensions not far inferior to the acreage of Auckland; but as yet only about 125 acres have been subdivided for sale. There are to be so many blocks of streets in the city of the future, intersecting each other at right angles. The ground sloping back to a hill, called Pukeroa, a hundred feet above the level of the lake, has been set apart as a ‘recreation reserve.’ In this reserve the Government intend to make extensive plantations and to lay out walks and drives. These sites have been set apart for a museum and a public library, for a college, a grammar school and a common or Government one,

for a post and telegraph office, a railway station, and a cemetery. The telegraph operator is, indeed, already installed; and from his neat little bungalow I could have sent, had I wished it, a telegram to Singapore or to Seville, to Batavia or to Brighton, to Adelaide or to Athens, to Pera or to Pall-mall. A few half-acre sections of land have been reserved for villa residences round about the Pukeroa Park that is to be. At present the hospital will accommodate about twenty patients; and it is intended by the Government that gratuitous medical attendance shall be granted to such patients as are sent to Rotorua at the expense of hospitals or other charitable institutions. There is a department for paying patients at very moderate charges.

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“Of course it is sheer nonsense to suppose that thermal springs in any part of the world will cure all the ills which flesh is heir to, or which flesh has brought upon itself by its own folly and its own excesses; but the highest medical authorities concur in stating that the maladies which have been to the largest extent benefited by the baths of Rotorua are chronic, muscular, and articular rheumatism; gout and rheumatic gout, sciatica and lumbago, dyspepsia, and skin diseases of all kinds. The Government pavilion at Sulphur Point is supplied with two baths of directly opposite qualities: first, the ‘Priest’s Bath,’ so called after an estimable Roman Catholic ecclesiastic, Father Mahoney of Tauranga, who was the first to make the native spring ‘Te Pupunitanga’ known to Europeans; and next, ‘Whangapipero,’ anglicised inappropriately enough as ‘Madame Rachel’s Bath,’ in memory of the infamous old harridan who was twice sent to penal servitude for swindling silly ladies out of their money under pretence of making them ‘beautiful for ever.’ The water of the ‘Priest’s Bath’ is strongly acid and aluminous, depositing flocculent sulphur on the bed and sides of the tank. Both the water and the fumes given off have the property of blackening silver. This is the bath not only for gouty, rheumatic, and dyspeptic invalids, for the sufferers from obesity and the victims of skin disease, but also for convalescents from almost any acute malady. The Priest’s Bath is also said to act as a famous stimulant to the liver. The patient’s appetite is almost invariably restored by a course of this bath, and it is said to be an infallible cure for the troublesome affection known as ‘cold feet.’ As for the ‘Whangapipero,’ or ‘Madame Rachel,’ immersion in which causes your outward man or woman to assume the tint of a boiled lobster, it owes its grotesque English appellation to the exquisite softness of the water, which has the power of producing a beautiful gloss to the skin after the glowing scarlet has faded away. This gloss is due to the ‘alkalinity’ of the water, and the large quantity of silica and silicates which it contains. Good



for gout, Madame Rachel; good also for the class of ailments for which the waters of Royat, in Auvergne, are said to be a specific. The Maoris treat sore back in their horses with a dressing of aluminous mud from the 'Whangapipero' spring. The water is also suitable for internal administration. Good for gout, dyspepsia, and rousing the gastric functions, generally. Come we now to a third thermal spring 'Oruawhata,' or the 'Blue' Bath, so called from the sapphire hue of the water, the temperature of which is a hundred and twenty degrees Fahrenheit. The composition of the water is almost identical with that of the 'Madame Rachel'—the abhorrent and ill-omened name of which I do most earnestly wish that the Government of New Zealand would change to the 'Maid Marian' or the 'Fair Sophia,' or the 'Belle Sauvage,' or the 'Ellen Terry' Bath. It is not in accordance with the fitness of things that such a maleficent old hag as Madame Rachel should have her name perpetuated anywhere."

Mr. Sala concludes by describing a new open air swimming tank connected with the "Blue Bath," and several other baths conspicuous as being fed by springs of a high temperature containing sulphuretted hydrogen gas, others silicates and others again iron sulphates.

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### MRS. LUCILLA DUDLEY.

THE attack made upon that cowardly Irish ruffian O'Donovan Rossa by Mrs Lucilla Dudley has not we imagine been forgotten. Tried for an attempt at murder, his assailant was acquitted on the ground of insanity, and committed to the New York State Homœopathic Asylum at Middletown for care and observation. As many doubtless feel an interest in her state we wrote to Dr. Talcott, the medical superintendent of the asylum, some weeks ago for his opinion regarding her. In reply he has forwarded to us an interesting letter, from which we gather that her mental condition varies much. Sometimes she rouses herself and develops considerable mental and physical energy, at others she is dull and prostrated in strength and is obliged to be confined to bed. It seems that she has been an epileptic from childhood, and has had epileptic convulsions, sometimes of great severity and in rapid succession, more or less frequently during the nine months she has been under Dr. Talcott's care. Slight hemorrhages from the lungs, a constant hacking cough and profuse night sweats, with other signs indicate that phthisis pulmonalis will eventually terminate her short but troubled life. Suicidal and homicidal in its tendencies, her melancholia and epileptic paroxysms render her at times a difficult patient to treat, while they show the importance of preserving her, as it

were, from herself by retaining her under supervision in an asylum. Dr. Talcott evidently takes a warm interest in his patient, and, while he wishes that some means could be provided by which she could be returned to her native land and there placed in charge of proper authorities, we are sure that so long as she is under his care all that it is in his power to do for her comfort and safety will be done.

#### HYGIENIC AND PHYSICAL EDUCATION.

At the Exhibition held at New Orleans last year, Dr. Roth exhibited his models relating to the physical education of children, for the excellence of which he has been awarded a Diploma of Honour—the highest distinction given in the class in which these models were displayed.

In addition to the Gold Medal awarded to him at the Exhibition at South Kensington in 1884, Dr. Roth has recently received a Bronze Medal in acknowledgment of the value attached by the Jurors to his design for a baby's dress.

#### RECENT BENEFACTIONS TO THE LONDON HOMŒOPATHIC HOSPITAL.

We are informed that under the will of the late Mr. G. C. Bentinck this Institution becomes entitled to £1,000 free of legacy duty.

Miss J. Durning-Smith, whose munificent endowment of six beds in the hospital a few years ago will be in the recollection of our readers, has generously undertaken to endow three more beds. It is, we believe, the very encouraging results which Miss Durning-Smith has seen to have followed her original endowment that have induced her to extend her benevolence in the same direction.

We understand that the friends of the late Dr. Neville Wood intend to endow a bed in the new ward in memory of him.

#### THE VAUGHAN-MORGAN PRIZE ESSAY.

TWELVE essays have been sent in in competition for Major Vaughan-Morgan's prize. The adjudicators—two Fellows of the British Homœopathic Society and two Members of the Board of Management of the Hospital—are now engaged in examining them, and their decision may be expected during the present month.

#### INTOLERANCE OF MILK IN TYPHOID FEVER.

"You will, not very infrequently," writes Dr. Burney Yeo,\* "encounter, in treating cases of typhoid fever, especially if you are too much addicted to the use of an exclusively milk diet,

\* *Lancet*, Feb. 23rd, 1886.

that every now and then the patient has attacks of intestinal pain accompanied with large semi-solid motions consisting almost entirely of curd of milk. I have seen this several times in children, and occasionally but less frequently, in adults. Sir William Jenner called attention some years ago to the same fact. So that in cases of typhoid, in some patients, milk is by no means the perfect food it has been represented to be. I have long been in the habit of giving to such patients whey, which I have usually rapidly prepared by boiling milk with a little lemon-juice, and flavouring with a little grated lemon-peel and straining. I have also several times encountered persons to whom eggs, in any form, and however disguised or mixed with other food, were absolutely intolerable, and invariably caused digestive disturbances. Quite recently I have had occasion to observe the excellent effects of a diet composed almost exclusively of butter-milk, in some of the most severe and protracted cases of intestinal dyspepsia. The first hint came to me from the practice of Dr. Mezger of Amsterdam, the celebrated advocate of massage for the relief and cure of various chronic maladies. He told a patient of my own that whenever he himself ever became the subject, as he occasionally did, of severe gastric catarrh, he took no medicine, but simply restricted himself wholly to butter-milk for a fortnight, and he was always cured. My own patient certainly derived the greatest possible advantage from this diet, and was able to accomplish far more work, intellectual and physical, than on any other system of feeding. Another case in which it has proved of great use and efficiency is one of locomotor ataxy with severe gastric crises. In this case the gastric crises have disappeared with the regimen."

**NEW PREPARATIONS.—“CREAM OF COD LIVER OIL.”**

Manufactured by Messrs. Gibson & Co., 28, Milkwood Road,  
Herne Hill.

This preparation of cod liver oil is as nearly perfect as can possibly be. To those who wish to prescribe the oil, so as to conceal its flavour and make it as digestible as possible, this preparation is the best we have ever seen. It is not only uniform in consistence like cream, but the smell and taste are barely perceptible. Other preparations, where these two last qualities are aimed at, have, we fear, attained this object at the expense of the virtues of the oil. But in the “cream of cod liver oil,” this is not so. The manufacturers have, in confidence, informed us of its mode of preparation, and we can assure our readers that in no way is the oil so acted on as to impair its medicinal virtue, while by the use of peptonising agents it is made in the highest degree assimilable. The oil, slightly flavoured with vanilla, is really pleasant to taste and smell. Another advantage this

"cream" has over other preparations is that it is uncombined with phosphates, hypophosphates, &c. These are all very well in their way, if we wish to prescribe them, but we often prefer the pure oil, and now we have it. The percentage of the oil in the "cream" is very large, being nearly 75 per cent. We hope this "cream" will have a large sale, and we confidently recommend it.

#### HONILINE TOILET SOAP.

This soap, manufactured by Mariette & Co., of South Kensington, is one of several excellent soaps now in the market. It is pure, pleasant and soft to the skin, is prepared with honey, hence the name, and contains a *minimum* of alkali. It has no perfume whatever. The two last qualities will recommend it to those who have delicate skins and object to perfumes.

#### OBITUARY.

##### NEVILLE WOOD, M.D.

WE regret to have to announce the death of another of the early pioneers of homœopathy in this country, in the person of Dr. Neville Wood, of Brompton.

A member of one of the oldest of our county families, the Woods of Thoresby in Lincolnshire, Dr. NEVILLE WOOD was born at Bratfield, in Lanarkshire, in 1818. His mother, the daughter of Sir John Thorold, Bart., M.P., of Lyston Park near Grantham, was a very early and very enthusiastic homœopath. A short notice of her appeared in *The Homœopathic Review* for April, 1861. The late Dr. Rabatti, who came to England in 1826 or 1827, in the suite of the Earl of Shrewsbury of that day, professionally attended Dr. Wood's family when residing on their property at Foston, in Derbyshire, not far from Alton Towers where Dr. Rabatti lived with his patron. Dr. Belluomini, who followed Dr. Rabatti as private physician to the Earl, and Dr. Quin, also visited Foston professionally thus early in the history of homœopathy in England.

Dr. Wood received his medical education at University College, London, and at the University of Edinburgh, where he graduated in 1844, the year when the late Professor Henderson announced his conviction of the truth of homœopathy. On the same occasion Dr. Ker, of Cheltenham, the late Dr. Chepmell, of London and Dr. Berry King, who all subsequently practised homœopathy, took the M.D. degree of the University. During 1845, Dr. Wood was elected a Fellow of the Royal College of Physicians of Edinburgh. He shortly afterwards settled in London, residing for a time in Lower Belgrave Street, removing

afterwards to Onslow Square, where he has since lived, and where he died on the 25th of March in the 68th year of his age. He married in 1845 the only daughter of the late Samuel Williams, Esq., and secondly in 1854 a daughter of the late Charles Pope, Esq., of Hampstead, who, with a son and a daughter, survives him. His only son, Mr. H. Thorold Wood, who was for some time Surgeon to the London Homœopathic Hospital, and has for several years been engaged in practice in Seymour Street, Hyde Park, will succeed him in his work, both public and private, in Brompton. When Dr. Wood settled in Brompton, homœopathy had scarcely been heard of, but by dint of patient waiting and success in the treatment of disease, he ere long acquired an extensive practice among all classes of society. In 1855 he established the Brompton Homœopathic Dispensary, where, during thirty years, he attended every morning for two hours, and realised the gratification of having single-handed founded one of the most, if not the most, successful of London Dispensaries.

Dr. Wood was a thorough homœopathist, and a consistent follower of Hahnemann, having the utmost confidence not only in the law of similars, but in the efficacy of the very infinitesimal dose when prescribed in harmony with it. He became a member of the British Homœopathic Society in 1854, and was on the medical council of the London Homœopathic Hospital, in the progress of which he always manifested considerable interest, though he never could be persuaded to take a position on the medical staff, his retiring disposition and numerous private engagements leading him to decline any proposal to do so.

He was the author of *A Brief View of Homœopathy*, and also of a pamphlet, originally delivered as a lecture, entitled *What is Homœopathy?* He translated Hartlaub's *Child's Homœopathic Physician*, and contributed several papers to this *Review* and also to the *Homœopathic Times*, a periodical which flourished some thirty years ago.

Beyond the sphere of professional work, Dr. Wood was well known as an ardent naturalist and an enthusiastic lover of music. He published many years ago a book entitled *British Song Birds*, which, with *The Ornithologist's Text-Book*, is still regarded as an authority by naturalists. He edited for a long period a quarterly journal called the *Analyst*, and also a monthly periodical, *The Naturalist's Magazine*. He had at this time an extensive correspondence with many eminent British and foreign naturalists. For some years he was the president of a private musical society.

In private life, and among a large circle of patients, Dr. Wood was much beloved. He was buried at the Brompton Cemetery on the 30th of March, and the affection in which he was held was significantly testified to by the large number of private and dis-

pensary patients who repaired to the cemetery on that day—many coming from long distances—to deposit on the coffin their wreaths of flowers, their last expression of gratitude and affection towards one who, when in life, had never spared himself in endeavouring to relieve their sufferings.

## CORRESPONDENCE.

### DR. HENRY SHACKLETON'S CASE OF MULTIPLE SARCOMA.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—I am not going to comment at length upon the extremely interesting case reported in your last number, but wish to impress my earnest conviction in opposition to those present at the meeting, that *hydrastis* had nothing whatever to do with its successful issue.

It is to my mind a clear instance of the efficacy of *sulphur*, and the patient's opinion, that he had never observed benefit from medicine until it was taken, supports my view; and that *hydrastis* was used at all, is, I think, unfortunate from a scientific standpoint.

Observe, no real improvement set in till *sulphur* 3 was given, and when after this *hydrastis* by itself was exhibited, the patient's condition remained stationary. *Sulphur* 3 had once more to be resorted to, and with immediate improvement.

Moreover, the history of the case lends support to this view. The disease had originated in septic poisoning, just the kind of case in which we find that *sulphur* is at times so useful.

Then we have the fact that a treatment in which *sulphur* tincture played a part, had stayed the progress of the original malady. And we find that the final outcome of the poisoning—the sarcomata—was stayed by the mother tincture of the same remedy. The inference therefore is an allowable one, that had the old lady-doctor at Dover used *sulphur* 3, instead of the very material preparation, an opportunity would not have been afforded our colleague of exhibiting his patient at the Society.

The curative indication given in Hull's *Jahr*—*Glandular indurations over the whole body, particularly the Chest*, is not, it is true, a picture of the state of Dr. Shackleton's patient, but the case it referred to was probably not unlike Dr. Shackleton's, and the nodules it is conceivable were not really glandular but sarcomatous.

In every way, therefore, the probability is in favour of the dilution of *sulphur* being the active agent in the eradication of

the disorder. If the physician really wishes not alone to "score a point," but to render his practice helpful to himself and others, he must, when he finds positive benefit to result from a particular remedy, allow it to exhaust its action, as in this way, and this way alone can we determine what is its true relationship to the phenomena of disease.

Anyway, Dr. Shackleton has done great service in bringing the case forward and we must all heartily thank him for it.

Very truly, &c.,

ROBT. T. COOPER, M.A., M.D.

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### THE PRESCRIBING CHEMIST.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—At a time when admiring crowds were flocking to Sir Joshua Reynolds' studio to see the works of the great artist, there was one person who found in the laudatory remarks which resounded on all sides a subject for a grievance. It was Sir Joshua's studio man. He complained that his master received all the applause while all the real work fell to him, "For," said he, "I buy the colours and use great discrimination in choosing them; I grind them and prepare them for the palette, *all he does is to put them on the canvas.*" The letter signed Edward Capper, in your last issue, reminds me very forcibly of the complaint of Sir Joshua's man. Mr. Capper, according to his account, is the apostle of homœopathy in his own town. He opened a shop, he advertised in the newspapers, and—the thing was done. Mr. Capper is not quite correct even in his facts. My memory carries me back to the time when there was no homœopathic chemist in Bath, and then there were at least two physicians doing a large homœopathic practice in that city; and, according to Mr. Capper's own showing, it is very difficult for the chemist to maintain a decent appearance without the aid of the local physicians.

We all admit that homœopathic chemists, as a whole, are a highly respectable and useful body of men, but, unfortunately, there are exceptions, and they do a great deal of harm both to themselves and other members of their own body.

When a chemist declares himself as the apostle of homœopathy in a large city noted for the high standing of its homœopathic physicians, and tells us that his efforts at prescribing "rather help on the M.D. worthy of the title," it is clear that he takes a view of his vocation so hopelessly mistaken that, were I to practise in Bath, I should most certainly dispense my own medicine.

All chemists are asked to prescribe, and all chemists do prescribe. It is impossible to fix a limit beyond which the chemist should not go. It is a matter in which the chemist must use his

own judgment and discretion, just as the physician will use *his* judgment and discretion, whether he works with or without the aid of the local element. It is a matter of business in which any "high-falutin" about "disseminating the truth to all around, and in allowing each to have some of the emoluments as well as the glories of the fight," is out of place. I once practised in a town where the local chemist had similar notions to Mr. Capper, and I put myself to any inconvenience rather than that my patients should fall into his hands. In the town in which I now reside, the chemist considers himself simply to be a chemist, and nothing more. He may tell a customer that "staphysagria is good for toothache," but he does not give him a bottle of medicine without any name upon it; and when he fails in the cure undertakes to assure him that he has given the right medicine, and hint that the doctor could do no more. This is the style of the regular prescribing chemist. I send all my prescriptions to my local chemist, and the feeling between us is one of mutual respect and confidence. Like Sir Joshua Reynolds' man, the prescribing chemist takes it for granted that he is perfectly competent to "lay on the colours" which he is trained to prepare. In fact, in his conceit he transcends the ability of the wisest physicians. He declares with confidence and without delay the right remedy to cure a customer's disease, while the physician hesitates to think of a remedy before he has carefully gone into the etiology of the patient's case, and used the various methods of physical diagnosis to exactly determine the precise nature of the diseased condition. Perhaps I am old fashioned and not clever; but I find after a long and varied experience in treating disease, some difficulty in prescribing even for a toothache,

If there is a "point" in Mr. Capper's letter it is that the cause of homœopathy is advanced by supporting the chemist who claims that his efforts at prescribing are a help to the physician and homœopathy. That the efforts of the prescribing chemist help the physician in a pecuniary sense is undoubtedly true, because slight ailments become chronic maladies under the guidance of ignorant pretenders to medical knowledge, but that it helps homœopathy is the reverse of the truth. Every one of us meet with patients who declare they have tried homœopathy without avail; and when we enquire into the circumstances of the case we discover that homœopathy was represented by some prescribing chemist. It is said that "fools rush in where angels fear to tread." Mr. Capper and the prescribing chemists would do well to try and be more like the angels.

Yours respectfully,

L.R.C.P.



### THE HOMŒOPATHIC LEAGUE.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—Having read in this month's *Homœopathic Review* the article on the proposed "League," I write to say that I shall be glad to do all that I can to further its formation in this district. May I be allowed to suggest that, in catering for members, suitable and attractive leaflets be prepared and put as early as possible into the hands of those ready to co-operate.

I have part control over a large public hall here, and shall be glad to put it at the disposal of the Executive for lectures, &c.

I believe short popular lectures would of themselves work splendidly in forming and adding to the League, and ought to be begun as soon as possible in a number of different centres.

Of course we shall be more than ever styled quacks, and well rated for this new and "disgraceful" mode of "advertising"; but anything is better than that homœopathy should be increasingly *sponged upon* by so many allopaths, and yet so persistently maligned. An aggressive policy has become necessary, and if it should lead for a time to fiercer opposition the war will be all the sooner over.

My experience of the last few years has completely assured me of the truth of homœopathy, and not wishing to be half-hearted I shall gladly do all I can to convince those within my reach.

With kindest regards,  
Believe me,

Yours very sincerely,

ROBERT MCKILLIAM, M.D.

Blackheath, April 15th, 1886.

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### A NEW DIRECTORY.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—We have recently sent out circulars to all the medical men in this country practising homœopathy with a form to be filled up, giving information for a new Directory of Homœopathic Practitioners. In addition to the names and addresses, hours of consultation and degrees, we propose to insert a list of appointments held and works published by each medical man.

It is also our intention to insert as many names of Colonial and Continental homœopaths as we can obtain, and we ask for the co-operation of all interested in such a work.

The subscription price is fixed at the low sum of 2s., and the number of subscribers will decide the appearance or not of the Directory, but, as it has been pointed out to us that a more complete Directory is needed, we hope to receive the encouragement we believe will be given to the project.

Particularly do we ask for information respecting the Colonies, and, as this letter will reach many to whom we cannot make personal application, we plead for information from the friends of homœopathy abroad.

We are, Sirs, faithfully yours,  
74, New Bond Street, London. KEENE & ASHWELL.

## NOTICES TO CORRESPONDENTS.

\*. We cannot undertake to return rejected manuscripts.

### ERRATUM.

At page 227, line 6 from the bottom, for "natural" read "mitral."

Communications, &c., have been received from Major VAUGHAN MORGAN, Mr. H. CAMERON, Dr. DUDGEON, Dr. ROTH, Dr. BLACKLEY, Dr. CLARKE, Mr. G. SMITH, Dr. LLOYD TUCKEY, Mr. CROSS (London); Dr. MACKECHNIE, Messrs. WALKLATE & Co, (Bath); Dr. HUGHES (Brighton); Dr. NIELD (Tunbridge Wells); Dr. PURDOM (Croydon); Dr. TALCOTT (Middleton, New York); Dr. Salzer, Calcutta; Messrs. KEENE & ASHWELL (London); Dr. Middleton, Dr. MCKILLIAM (Blackheath).

## BOOKS RECEIVED.

- Purpura.* By G. W. Winterburn, M.D. New York: Chatterton & Co. 1886.
- The Homœopathic World.* April.
- The Hospital Gazette.* April.
- The Chemist and Druggist.* April.
- Burgoyne's Monthly Magazine of Pharmacy.* April.
- The North American Journal of Homœopathy.* April.
- The New York Medical Times.* April.
- The American Homœopathist.* New York. April.
- The Chironian.* New York.
- The New England Medical Gazette.* Boston. April.
- The Hahnemannian Monthly.* Philadelphia. April.
- The Homœopathic Recorder.* Philadelphia. April.
- The Medical Era.* Chicago.
- The Medical Current.* Chicago.
- Chart of Fevers and Urinalysis, arranged from Professor Hoyne's Lectures.* Duncan Bros., Chicago.
- The Medical Advance.* Ann Arbor.
- St. Louis Periscope.* St. Louis.
- Californian Homœopath.* San Francisco.
- Bibliothèque Homœopathique.* Paris.
- Revue Homœopathique Belge.* Brussels.
- Allgem. Hom. Zeitung.* Leipsic. April.
- Leipziger Populäre Hom. Zeitung.*
- Rivista Omiopatica.* Rome.
- La Reforma Medica.* Mexico.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 18, Church Road, Tunbridge Wells, or to Dr. D. DYCK BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY  
HOMŒOPATHIC REVIEW.

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ON DISPLACEMENT OF THE WOMB AND THE  
USE OF PESSARIES.\*

BY DUNCAN MATHESON, L.R.C.P. EDIN.,

Late Physician for Diseases of Women to the London Homœopathic  
Hospital.

AMONGST the numerous topics which have afforded just grounds for the reproach that doctors differ, none have been so prolific in the past or none so prolific even now of those proverbial differences, as the subjects which form the heading of this paper. Had the divergencies of view, thus hinted at, existed only among the "rank and file" of the profession, the result would have been deplorable enough for humanity, but alas! even this small comfort is denied us. Our standard works on diseases of women; the teachings of our different seats of learning; and the modes of practice of our most eminent men, all teem with proofs of the uncertain, confused and contradictory character of medical opinions upon those subjects.

The causes of this unsatisfactory state of matters are various. First, the professional training of medical students in gynæcology is deplorably defective; and Medical Examination Boards are culpably remiss, inasmuch as they license men to practise who possess no practical

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\* Read before the British Homœopathic Society, May 6, 1886.

knowledge on this subject. In fact it is no uncommon experience for gynæcologists to find patients wearing pessaries placed upside down and in reverse, by their ordinary medical attendants to the lasting injury of such patients.

*Secondly.*—The diseases of the female sexual organs are so very various, and are all confined within so comparatively small a space, together with numerous organs each liable to its own various disorders, all crowded together within that space, that a correct diagnosis is in the very nature of the case by no means easy; while it is not to every man that nature has imparted the mechanical turn necessary to direct him aright in such circumstances. And, finally, all these considerations derive additional force from the fact that much of the work required must be done in the dark, with only the sense of touch for one's guide.

In these circumstances, it appears incumbent on all who have had some experience in the departments in question to lay the results of this experience before their brethren, so that the collation and comparison of our several experiences, and the friendly discussion arising therefrom may gradually diminish our divergencies, and ultimately lead to that uniformity of practice which cannot fail to be a credit to the profession and a lasting boon to our suffering humanity.

With these objects in view I beg to submit to this Society some of the chief conclusions I have arrived at after many years' practice in the special department under consideration, viz., the diseases of the female sexual organs, and as to the value of pessaries in their treatment. That many eminent men have condemned pessaries altogether is a fact patent to all who are conversant with medical literature on the subject; while others who are in the habit of using them speak so despondingly of their utility as to lead to the conclusion that in their opinion they cannot be of great value after all.

In that well-written paper read by my friend Dr. Miller before this Society some time ago, an impression such as this was certainly conveyed to my mind. If I correctly apprehended Dr. Miller's meaning, it was to the effect that pessaries were not of pre-eminent utility in these cases; that as displacements were usually accompanied with other uterine disorders, the wisest plan to follow was for the patient to lie up for a considerable time—say for several

consecutive months, in which case, by the cure of the incidental disorders in question, the displacement would spontaneously disappear. In these views I cannot at all concur, the result of much experience being that a pessary of the right sort, and proper size and shape, will in such cases afford relief which is both immediate and lasting.

In many cases, at least, it will not be denied that blows, falls, and other accidents are the immediate causes of uterine dislocations, and that the accompanying lesions are not the cause, but the consequences, of the malposition in question.

It must surely then be in scientific harmony with the nature of the case that the immediate rectification of the displaced organ and its retention "*in situ*" must be a matter of primary importance to the physician, and likely to afford immediate relief to the patient. Nay, even in other cases, that is in those where the displacement is slow in its development and arises from sub-involution congestions or strictures, it is amazing to find what important aid is afforded in the treatment by a well-fitting pessary. If these conclusions were not well founded, what a sad prospect a displacement would open out to the poorer classes and to servants, who are perforce obliged to toil and labour for their daily bread.

Of what use would it be to tell such that their cure could only be accomplished by a prolonged period of rest and of remaining in the recumbent posture.

Happily it is by no means necessary in uncomplicated cases to offer such tantalising and bootless advice, because *there is* an overwhelming body of facts to prove that in such cases the appropriate pessary will give immediate relief, and enable such sufferers to go about their work as usual in comfort and without interruption, while a permanent and satisfactory cure is being accomplished.

These comments I shall illustrate by a few cases presently.

What then, let us enquire, constitutes the main cause of the dissidence of opinion and the difference in the practice of different medical men already stated as existing in the branch of medicine now under consideration. If you agree with me, gentlemen, in what I stated at the beginning of this paper as to the difficulties in the way of accurate diagnosis which are inherent in these cases, you will, I am sure, excuse me for expressing the opinion that

the differences to which I have alluded are mainly due to incorrectness of diagnosis and the inappropriate treatment to which it leads.

It is not every case of displacement that a pessary alone will cure; neither is it possible always to use a pessary at once, *e.g.*, when a case is complicated with inflammatory conditions we must wait till those conditions have been subdued.

When the uterus is fixed by adhesions, the latter must be considered and treated by other means besides the pessary; while organic strictures may require to be dilated by graduated bougies or divided by the hysterotome.

Subinvolution also, and other morbid states of the womb, must be carefully treated constitutionally while the perfectly fitting pessary is applied, in order to accelerate and complete the cure. To use the instrument indiscriminately in the cases mentioned, without the adoption of the other curative means indicated, would be to inflict pain on patients and bring on the instrument discredit which it does not deserve.

In short, to use pessaries safely and with good effect, a man must be a complete gynæcologist and be master of his work. Finally, I say unhesitatingly that in uncomplicated cases—when these rules are followed—a perfectly fitting mechanical support will always give instantaneous relief, and will, as a rule, lead to a perfect and satisfactory cure.

But I maintain that it is quite impossible to form a correct diagnosis in the morbid conditions we are considering, or to use pessaries satisfactorily without the free, constant, and expert use of the sound. By its means we ascertain the size of the womb, the thickness of its walls, its mobility or fixedness from adhesions, or tumours within or without. By the same instrument we may suspect organic stricture, a question to be settled by the appearance of the tent after twelve hours insertion; and we ascertain the presence of endometritis by the few drops of blood which follow its withdrawal after even a gentle introduction. We use it also to diagnose the kind of displacement, to replace the dislocated womb, and maintain it *in situ* until a proper pessary—if a Hodge's—has been applied.

By its means at that stage, that is by observing whether it remains upright or turns to one side—when disengaged from the hand—we ascertain whether the pessary is too small or of a proper size, while it is equally indispensable

in rectifying the position of the displaced uterus immediately before the introduction of the stem-pessary.

I shall now, with your kind permission, say a few words as to the best pessaries in ordinary cases. I myself rarely use any but three sorts: Albert Smith's modification of Hodge's for retroversion, and in nearly all cases of direct descent; Meadow's compound stem-pessary for retroflexion, anteflexion and anteversion; and the round elastic ring for a very small proportion of cases of simple prolapsus marked by great tenderness. In concluding these hurriedly written remarks, let me now narrate a few cases for the double purpose of illustrating the principles of treatment submitted to you, and also of showing the kind of cases in which I use severally each of the three pessaries I have recommended.

#### CASE I.

*Anteversion, with backward rotation; Hodge's pessary; failure. Meadows' stem for four months; then Hodge's again; cure.*

A. B., a servant, consulted me in January, 1883. Her symptoms were aching in the back, severe pain in left inguinal region; severe dysmenorrhœa and inability to walk, with constant desire to lie down. The uterus was found to be retroverted, with fundus in Douglas' sac, and os directed towards the pubis.

Hodge's pessary was used with great relief, but in the course of a few weeks the symptoms were as bad as ever, making her quite unfit for her work. The os was then found to be in the hollow of the sacrum, and the fundus near the pubic arch. Not having the same faith in the stem then that I have now, I did not use it on that occasion, but tried to cure the case by a succession of different pessaries of different shapes and sizes. Each afforded temporary relief, but the upshot of the case was that after a long trial of this course I became convinced that the case was one of anteversion with backward rotation, a form of displacement now recognised in the last editions of modern gynæcological works, and that Meadows' stem should be tried. This was done, with the result that the dysmenorrhœa, back ache and inguinal pain were removed, while a good deal of irritation of the ureter with obstinate nausea took their place. Still this servant was able to remain in service and perform her ordinary duties without interruption. At

the same time the nausea having become so troublesome and after wearing the stem for four months I removed it, hoping that by that time the uterus had become so stiffened that a Hodge's might complete the cure. Accordingly in October last the latter was substituted for the stem, the sickness immediately disappeared, and none of the other symptoms returned. This patient still wears the same pessary and may be considered quite cured.

This case reminds me of some of Dr. Miller's remarks in depreciation of the value of pessaries. Dr. M. stated in his paper, that when a doctor used a pessary the patient was most likely to express herself as having been perfectly freed from pain and discomfort, but that very frequently this sense of comfort was delusive, all the painful symptoms in a short time returning; he also stated that in such circumstances an examination showed that the right pessary had been used and yet no good result followed. The case I have now cited is a practical refutation of those remarks, inasmuch as it shows that some such cases as those referred to by Dr. Miller as rebellious to the ordinary pessary may still be cured by the aid of the stem.

#### CASE II.

*Prolapsus six years; failure with hard pessaries; Meig's elastic ring; cure.*

Mrs. C., residing in the country, consulted me May 5th, 1881. Age 33; married ten years; severe labour twelve months after; child living; no more children; several miscarriages, the last six weeks since; looks pale and thin, and literally reduced, as the saying is, "to skin and bone." Has spent the last six years in going from one medical man to another for a displacement, having been under Dr. Playfair's care amongst others. Has constant pain in the back and front, and never free from it except when lying down. Her own language was this:—"I will tell you at once what is the matter with me. When the doctors apply a pessary which remains in the parts, the agony is so great that it has to be removed; and when one is introduced which gives no pain it comes away of itself, and that has been my dilemma for years." All the pessaries previously tried had been solid.

An examination at once revealed the cause of the difficulty she had so graphically described. The case was



one of direct prolapsus, the uterus being very small, and felt very near the external os, while all the soft parts were so atrophied and shrunk that no points of contact could be commanded for a hard pessary without causing intense pain. I therefore used an elastic ring, of which my friend, Dr. Bantock, says in his book, that he hopes he has "put the last nail into its coffin." Next day I called to see the lady in her apartments; she declared that her sufferings had gone, but I advised a recumbent posture for a few days longer. I kept the patient in town for three months under observation, and during the whole of that time she wore, and with the greatest comfort, the very first ring pessary tried. As I never let a ring remain in the parts longer than three months—though a Hodge's may be left a year or two—at the end of that period I removed it, and as all the parts had undergone such satisfactory contraction and she had no pain whatever, no other mechanical support was applied. The lady went home, became pregnant, and went to her full time. All the internal remedies I administered were *nux vom.* 3, *maltine*, and *Parish's chemical food*. This case is well known to my friend Dr. Tuckey. I frequently see the lady still, but none of the old uterine symptoms have returned.

Nevertheless, I am very unwilling to use this ring pessary when I can possibly avoid it. It is, of course, not in perfect harmony with the anatomy of the parts; it is very apt to induce an offensive discharge without daily washing with carbolic acid or other similar lotions, and quite certain to produce ulceration if left too long in the vagina. But recollecting these precautions and possibilities, it is quite safe to use it in a case here and there.

### CASE III.

*Prolapsus three years. Hodge's; failure; ring; cure.*

I was consulted in 1879 by a young Countess, married, without children, for conditions and symptoms very similar to those present in the last case. She had also consulted several medical men—amongst others, Spencer Wells—for several years without any relief. Here I also used a small ring pessary, which afforded such comfort that this lady took to dancing and riding, for the first time for years, without my permission; and "as nothing is so successful as success," from that time till the present she has continued

this bold course. At the termination of every three months I removed the ring for one week, during which time the parts were well washed with carbolic acid, Condy or calendula, and then I applied a fresh ring. This course has been followed till about six months ago, since which time the lady has worn no appliance whatever. I frequently urged this patient to let me use an Albert Smith's, in order to accelerate the cure, but she would never agree to this, because, as she said, she had for years been so tortured with the solid pessaries that she would never tolerate another being used in her case.

#### CASE IV.

*Metritis with retroversion. Cure of metritis first ;  
then Hodge's ; cure.*

I was asked to see Miss B., a patient of my friend Dr. Anderson's, on February 13th last. This young lady had suffered the most agonising pains round the whole abdomen and lumbar region for several months. Her sufferings were greatly increased during menstruation, which was irregular. I found her lying in bed, which she had not been able to leave for weeks before, nor was she able to do so for weeks after my first visit. Very feverish, pulse 120 ; bowels obstinately constipated ; dysuria. Digital examination caused great suffering. Uterus retroverted, cervix swollen, indurated, elongated, and directed to the right ramus of the pubis. Of course, with so much inflammation, the use of the sound, reposition of the uterus, and the introduction of a pessary were all out of the question. I waited for several weeks till those inflammatory conditions were subdued by *belladonna*, *veratrum viride*, and *gelseminum*, all in first decimals, according to circumstances.

On March 15th, when congestive symptoms seemed sufficiently abated to justify the step, I proceeded (the patient being under chloroform, administered by my friend Dr. Baynes) to introduce the sound, replace the uterus, and apply Albert Smith's No. 3. The patient was able to walk about, for the first time for months, the same evening. She immediately began to walk about in the fresh air, and is at present enjoying the breezes of Bournemouth, from which town I received a letter from her this morning. She is perfectly well. I believe the patient was seen by Dr. Anderson a few days ago. She still wears the same pessary.

Mr. President and Gentlemen,—I need not weary you with more cases. The few I have had the honour to narrate are intended to illustrate the very satisfactory effects of the pessary when judiciously applied in each and every form of womb displacement, anteversion even not being excluded. Should the result of this paper and discussion be to diminish prejudice against the instrument, and so tend to lessen the amount of human suffering, our evening shall not have been spent in vain.

#### DISCUSSION.

Dr. DYCE BROWN said he fully agreed with Dr. Matheson on the value of pessaries when employed in suitable cases. In displacements of the uterus he looked on pessaries as similar in principle and action to splints for fractured limbs. The bones of a limb would unite without splints if it were kept for a lengthened time on a pillow immovable, but this was very inconvenient, and prevented the patient moving about as he could with a splint. So with a pessary the uterus could be retained in position, while the cure proceeded by internal medicines. Some cases of retroversion arose from sudden accident, and a pessary was sufficient to cure by keeping the organ *in situ* while the stretched ligaments regained their tone, but the cure would be much aided by the internal use of *arnica*. In the majority of cases, however, the malposition was the result of engorgement, either from sub-involution or metritis. If there was acute inflammation, of course pessaries were inadmissible, and the patient had to be kept in bed, and treated therapeutically till the acute symptoms subsided, when in these, as well as in the more chronic cases, the cure was much helped by the retention of the uterus in its normal place by means of a properly selected pessary. And in cases where the congestion was such as to allow the patient to move about, the pessary was invaluable in enabling her to do so without pain. The relief from pain experienced by such patients from the use of a proper pessary must have been noticed by every one. The essential part of the treatment of such cases, however, consisted in the use of medicines internally, those most generally called for being *belladonna*, *sepia*, *lilium*, *sulphur*, *calcareea*, and *nux vomica*. Dr. Dyce Brown wholly disapproved of stem pessaries. There was a great risk of acute inflammation from their use, and Dr. Matheson's case, though escaping from this, suffered constant pain and nausea.

Dr. J. H. CLARKE agreed with Dr. Matheson's remarks as to the want of teaching for students in these points, and he thought that it was impossible for the student to become an accomplished specialist in every department during his four year's course.

He doubted the advisability of the general practitioner interfering surgically in uterine cases unless he had given special study to the subject.

Dr. EDWARD BLAKE, having shown an improvement on Meadow's stem, made by Krohne & Sesemann, for which he claimed that it did not lose its elasticity *in utero*, as all existing stems were prone to do, said that he never left them in for more than four days, and always kept the patient in bed during their use. He did not think that any pessary should be left in more than one month without attention. He could not consider a patient "cured" who had to wear a pessary, it was too much like dismissing a fracture with a splint. No man in his senses would dream of treating dislocated hips with globules of *arnica*, yet men could be found who would treat all dislocated uteri with a few globules of *secale*, or some such remedy. He would lay it down as an axiom, that it did not matter where the uterus might be inside the body if it were not hyperæmic. He considered that it was probably an impossible feat permanently to displace a healthy uterus having healthy environments. The womb was always being displaced and as frequently returned to its normal position, else female dancers and acrobats would suffer from *luxatio uteri*, whereas it was the luxurious class who were most prone to displacements. It was difficult to lay down hard and fast rules, but generally retroversion was best treated by Hodge, flexions by stem, and prolapsus and procidentia by the ring, or still better by the plan originated by Boseman, and first described by Taliaferro, of Atlanta, Georgia, in 1878, known as the medicated tamponade. Pledgets of animal wool, dipped in glyceroles, were packed in daily into the vagina. This plan was not alone palliative, but usually was found to be promptly and permanently curative.

Dr. ROTN remarked on the absence of any notice, on the part of any of the speakers, of the Swedish plan of treatment by movement, recommended by Brandt, whose work he had translated, and he alluded to the success of this method, many cases having, he said, been cured by it.

Dr. MATHESON then replied, remarking that the discussion on his paper had been of so friendly a character that he need not say much in reply. With regard to Dr. Dyce Brown and Dr. Blake's strictures on the stem pessary, he begged to remark that those gentlemen had no substitute to offer when ordinary pessaries failed; and he argued that although the case in question presented symptoms of irritation and nausea arising from the stem, it was infinitely better to bear those inconveniences and be cured than be disabled from work and suffer the pains which the stem pessary removed. He (Dr. Matheson) considered that all such matters should be determined, not by theoretical objection,

but by the *results in practice*, and in the case under consideration the result was a perfect cure. He submitted further that the same reasoning disposed of the criticism as to the length of time that he allowed his pessaries to remain in the parts. To consider the totality of the symptoms was what every physician would of course do, and from the curative effects of *acon.* and *hepar* on chronic coughs generally he had no doubt that those remedies *indirectly* aided the cure in Dr. Blake's case, because the cough described by Dr. Blake was certain to aggravate the uterine displacement. That these remedies had any direct specific effect on the uterus he doubted very much.

At this meeting Mr. HERMANN HILBERS showed a specimen of sarcoma which had been removed from the female mammary gland.

### BELLADONNA.

By RICHARD HUGHES, L.R.C.P.

(Continued from p. 283.)

Therapeutic Action.—*History.*—*Belladonna* was not employed (save locally) by the ancients, being considered too poisonous for internal administration. Matthiolus, in his commentary on Dioscorides (1569), reports that in his day a distilled water prepared from it was found excellent against inflammation of the viscera; but, save this vague notice, there is no trace of its use as a medicine until the eighteenth century. At this time there was a passion for employing drugs which we should now class as vegetable neurotics for "resolvent" purposes, to disperse "obstructions" of various kinds. *Belladonna* was among them; and Lambergen,<sup>1</sup> Cullen,<sup>2</sup> Ollenroth,<sup>3</sup> Lentin,<sup>4</sup> de Meza,<sup>5</sup> Evers<sup>6</sup> and Chevallier<sup>7</sup> (among others) have borne testimony to its efficacy. "Cancers" and "tumours" are mentioned as disappearing under its use; but I think there can be little doubt of these being old inflammatory hardenings and thickenings, which our present knowledge of its antiphlogistic powers establishes its ability to remove.

Later in the century *belladonna* was much employed in nervous disorders, apparently under the guidance of a rough

<sup>1</sup>Lect. inaug. persanati carcinomatias, Gron., 1754.

<sup>2</sup>Mat. Med., i.

<sup>3</sup>Hufel. Journ., vii.

<sup>4</sup>Beob. ein. Krankh., Gott., 1774.

<sup>5</sup>Samml. br. Abh., xiv.

<sup>6</sup>Schmucker's Verm. Schrift., i.

<sup>7</sup>Lond. Med. and Phys. Journ., 1826.

kind of homœopathy—on which principle, indeed, Stoerck avowedly based the corresponding use of *stramonium*. Greding<sup>1</sup> tried it in a series of cases of epilepsy, epileptic mania, and mania itself, with doubtful results. It gained higher esteem for a time as a remedy, both prophylactic and curative, for hydrophobia. Bayle<sup>2</sup> has collected 182 instances in which the remedy was given: 176 of these persons took it as a prophylactic, having been recently bitten, and all escaped; in six the disease had already broken out, and four of these recovered. The drug was given in large doses. There are other testimonies to its successful employment;<sup>3</sup> and making all allowance for errors in diagnosis, I think that, considering the marked homœopathicity of drug to disease, it demands a full trial in every suitable case.

Hahnemann's first survey of the therapeutic sphere of *belladonna* dates from this time. In his *Suggestions for ascertaining the Curative Powers of Drugs*, published in *Hufeland's Journal* in 1796, he thus writes of it:—"It is probable that the *deadly nightshade* (*atropa belladonna*) will be useful, if not in tetanus at least in trismus (as it produces a kind of lock-jaw), and in spasmodic dysphagia (as it specifically causes a difficulty in swallowing); both these effects belong to its direct action. Whether its power over hydrophobia, if it indeed possess any, depends on the latter property alone, or also on its power of suppressing palliatively—for several hours—the irritability and excessive sensitiveness that are present in so great a degree in hydrophobia, I am unable to determine. Its power of soothing and dispersing hardened, painful and suppurating glands is owing, undeniably, to its property of exciting, in its direct action, burning, gnawing pains in these glandular swellings. Yet I conceive that it acts antagonistically, that is, in a merely palliative and temporary manner, in those which proceed from excessive irritation of the absorbent system (with subsequent aggravation, as is the case with all palliatives in chronic diseases); but by virtue of similarity, that is, permanently and radically, in those arising from torpor of the lymphatic system. It would thus be serviceable

<sup>1</sup> *Ludwigii Advers. Med. Pract.*, i.

<sup>2</sup> *Biblioth. de Thérapeutique*, ii. 502.

<sup>3</sup> See HEMPEL, *Mat. Med.*, sub voce; and *Brit. Jour.*, vii. 146; viii. 81; xi. 140.

• in those glandular swellings in which the spotted hemlock (*conium maculatum*) cannot be used, and the latter will be useful where the former does injury . . . . . It produces directly mania, as also—as above described—a kind of tonic cramp; but clonic cramps (convulsions) it only produces as a secondary action, by reason of the state of the organism that remains after the direct action of *belladonna* (obstruction of the animal and natural functions). Hence its power in epilepsy with furor is always more conspicuous upon the latter, while the former is generally only changed by the antagonistic (palliative) action of *belladonna* into trembling and such-like spasmodic affections peculiar to weakened irritable systems. As the mania it excites is of a wild character, so it soothes manias of this sort, or at least deprives them of their stormy nature. As it extinguishes memory in its direct action,<sup>1</sup> nostalgia is aggravated, and, as I have seen, is even produced by it.

The increased discharges of urine, sweat, mucus, fæces and saliva, which have been observed, are merely consequences of the antagonistic state of the body involving an excessive exaltation of the irritability, or else sensibility, during the indirect secondary action, when the direct primary action of the drug is exhausted (during which, as I have several times observed, all these excretions are often completely suppressed for ten hours and more). Therefore, in cases where these excretions are discharged with difficulty, and excite some serious disease, *belladonna* removes this difficulty permanently and completely, as a similarly acting remedy, if it be owing to the tension of the fibres and want of irritability and sensibility. I say, purposely, serious disease, for only in such cases is it allowable to employ one of the most violent of medicines, which demands such caution in its use. Some kinds of dropsy, green sickness, &c., are of this nature. The great tendency of *belladonna* to paralyse the optic nerve makes it important as a similarly acting remedy in amaurosis.<sup>2</sup> In its direct action it prevents sleep, and the deep sleep which subsequently ensues is only in consequence of the opposite state produced by the cessation of this action. By virtue, therefore, of this artificial disease, *belladonna*

<sup>1</sup> It will, therefore, be useful for weakness of memory.

<sup>2</sup> I have myself seen the good effects of it in this disease.

will cure chronic sleeplessness (from want of irritability) more permanently than any palliative remedy.

"It produces apoplexy; and if it has, as we are told, been found serviceable in serous apoplexy, it is owing to this property."

It would appear from the above that Hahnemann regarded the primary action of *belladonna* as inducing "want of irritability and sensibility" and "obstruction of the animal and natural functions," with, at the same time, such tension of the motor and cerebral centres as to cause tonic cramp and mania. This reading of its physiological effects was very imperfect, and led to no advance in its therapeutic applications until 1799, when he was led to give it in scarlet fever, and found it to act as abortive and prophylactic thereof; and also as a remedy for its sequelæ. A little later he speaks of curing with it "various paralytic affections," "some periodical nervous diseases," and the "tendency to boils." In the preface to the pathogenesis of the drug in the *Materia Medica Pura* (second and third editions), he speaks of it as indicated by its symptoms in many forms of disease, but specifies only angina faucium as displaying its curative virtues.

With this introduction, *belladonna* soon came to take a high place in homœopathic therapeutics, as is evinced by the account given of it by Hartmann, in his *Practical Observations on some of the Chief Homœopathic Remedies*, published in Germany in 1838-9, and translated by Dr. Okie in 1841-6. It is there shown to be applicable in most of the fevers, inflammations, and neuroses which attack the frame. Its employment by homœopaths has continued to increase, and no medicine plays in their hands a larger part in the treatment of acute disease. The references given at the end of this article will show the extensive range of its usefulness.

In the ordinary practice, the first fresh application of *belladonna*, after the times of which I have spoken, was to whooping-cough. Schaffer, Wiedemann, Buchave and Wetzler<sup>2</sup> praised it between 1796 and 1810; and it has since then found considerable acceptance, appearing to palliate the cough by its sedative influence. It was then

<sup>1</sup> *Lesser Writings* (tr. by Dudgeon), p. 446.

<sup>2</sup> The authorities for these statements may be found in Stillé.



introduced by Baily and Gataker as a remedy for neuralgia, at first given internally, but later applied locally or subcutaneously injected in the form of *atropia*. More recently, it has attained credit in the treatment of nocturnal enuresis, as a mydriatic in iritis, and as an antidote in poisoning by *opium*. For all these purposes substantial doses of the drug seem required, so that we must conclude them to be instances in which some induction of its primary physiological action is necessary to obtain the result.

I now proceed to comment on the special therapeutic applications of *belladonna* in the same categories as those used for describing its physiological effects:—

I.—1. Increase of sensibility in connection with headache, fever, or other conditions in which the nervous centres are implicated, is always found to be an indication for *belladonna* in homœopathic practice. To this point the statements of Pereira are singularly, though unconsciously, pertinent. “In the first degree of its operation,” he writes, “*belladonna* diminishes sensibility and irritability. This effect (called by some sedative) is scarcely obvious in the healthy organism” (we have seen, indeed, that the effect is just the other way), “but is well seen in morbid states, when these properties are preternaturally increased.” The only general anæsthesia which would indicate it (unless it be the hysterical) is that which obtains in mental disorder, to which *belladonna* is otherwise so strikingly homœopathic.

2. *Belladonna* has found little employment in chorea and tetanus, though its analogue *stramonium* plays a great part in the therapeutics of the former, and Hartmann justly recommends *belladonna* itself when the latter is impending. But in eclampsia, infantile and puerperal, it is very highly prized by homœopathic practitioners, especially when much cerebral hyperæmia is present. “It will seldom happen,” writes Bähr, “that a second attack of convulsions (infantile) will occur after the administration of *belladonna*.” It is hardly less valuable in puerperal convulsions similarly characterised.

Of the pathogenetic relation of the drug to epilepsy I will speak in the words of the same excellent writer:—  
“*Belladonna* has among its pathogenetic symptoms the whole series of the phenomena which characterise an epileptic paroxysm, on which account it deserves to be

ranked with *cuprum* and *plumbum*. A careful examination of its pathogenesis, however, reveals some essential differences. The epileptic *belladonna*-convulsions are the consequences of an intense intoxication of the organism; while running their course they may occur several times, but never in the form of a chronic affection, as is the case with *cuprum* and *plumbum*. Hence the *belladonna*-convulsions, as we indeed know from experience, correspond rather to eclampsia, which has been very properly designated as acute epilepsy." Accordingly, if *belladonna* is to do good in the true disease, this must be of recent origin in young and impressionable subjects of sanguine-nervous temperament. It has some reputation in the old school (Débreyne and Trousseau), and in our own was highly esteemed by Dr. Rutherford Russell, who says of it: "My own experience in favour of *belladonna* is that it actually cures this disease even when it presents itself in its most formidable character." He relates four cases in point.<sup>1</sup>

The paralytic symptoms of *belladonna* are sometimes, as Dr. Harley says, the result of exhaustion; but with *atropia* they occur so early in the poisoning as to be incapable of this explanation, and here are comparable to the first stage of the progressive paralysis of the insane. In acute poisoning by *belladonna* itself there is often a loss of co-ordination, resembling that of locomotor ataxy. Now the pathological basis of both these diseases is a slow inflammation of the cord, going on to induration; and a similar process in other tracts or elements is at the root of many other paralytic affections—as multiple sclerosis, simple paraplegia, glosso-laryngeal and infantile paralysis, and progressive muscular atrophy. *Belladonna* may thus play a large part in the incipience of these maladies. Hahnemann (as we have seen) and Bretonneau report cures of paraplegia with it; and I have myself seen all the early symptoms of locomotor ataxy melt away under its influence.

3. The disturbance caused by *belladonna* in the mental and moral sphere makes it a leading homœopathic remedy for hallucinations, delirium and insanity; and the hyperæmia which accompanies it shows that it corresponds to the sthenic and inflammatory varieties of these disorders. When this kind of delirium is seen in the fevers and the

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<sup>1</sup> *Clinical Lectures*, p. 257.

exanthemata; when delirium tremens can be called "mania-a-potu"; in the *délire aigue* of the French (a case of which, related by Dr. Maudsley, resulted from transfer of erysipelas from the leg to the brain); and in the "furor transitorius" which sometimes follows the epileptic paroxysm, *belladonna* is well indicated and of tried value. In the absence of hyperæmic symptoms, the active and recent character of the mental affections makes for *belladonna*; which accordingly is well suited to acute melancholia. In acute mania Dr. Talcott finds it, in the Middletown Asylum, answer every expectation.

4. The "Sleep" symptoms of *belladonna* point to it as homœopathically indicated in the premonitory and incipient stages of cerebral disease in children, and in sleeplessness from dentition. These indications have been well established in practice.

II. The congestive vertigo induced by *belladonna*, when occurring idiopathically, is readily removed by it; and the intoxicated state it causes completes its homœopathicity to the active forms of delirium tremens. Its great power of producing headache makes it one of the first medicines to be thought of for the immediate relief of this distress, and one which will not uncommonly (especially in the form of *atropia*) remove the tendency to its recurrence. Heavy, drooping eye-lids, blood-shot eyes, blindness or photopsia, and burning in the balls, call for it; also flushed face and hot head. Its headache is aggravated by light, noise and movement, and also by lying down; it is easiest in a quiet sitting posture. Its essential characteristics are hyperæmia and hyperæsthesia—in which last, and in there being less throbbing, it differs from *glonoin* (whose headache, I may further say, is relieved by recumbency).

In the acute cerebral congestion, phrenitis (not meningitis) and apoplexy figured in its pathogenesis, *belladonna* plays a most important part as a remedy. To this all homœopathic literature bears witness. The cerebral complication of fever, especially in its enteric form, is sometimes sufficiently active for it.

III. The "Face" symptoms of *belladonna* lead to its use in erysipelas and neuralgia—maladies of which the countenance is the most frequent seat. Homœopaths early made it the chief remedy for erysipelas; and everyone who has adopted the practice from them—Liston yesterday, Ringer to-day—speaks highly in its praise. It is the smooth, tense,

bright red surface which calls for it. When much œdema exist, *apis* is preferable, and when many vesicles form, *rhus*. The symptomatic evidence of the homœopathicity of *belladonna* to neuralgia is slight; but the pathological basis of this trouble is probably identical in kind with that of locomotor ataxy, viz., an inflammatory state of the nervous centre. The pains of this disease are truly neuralgic; and we have already seen how suitable is *belladonna*, on the principle of similarity, in its treatment. It thus retains in our practice the high esteem once accorded to it in the old school, but which changes of fashion have caused it to lose there. The neuralgia which indicates it is of comparatively recent origin, and occurs in young or at most middle-aged persons. It is associated with marked symptoms of hyperæmia, and differs from that of *aconite*—which otherwise it so closely resembles—in having hyperæsthesia present.

IV.—1. The dilated pupil of *belladonna* being an independent effect, unconnected with its cerebral symptoms, and, indeed, often opposed to them, cannot be either required or used as a homœopathic indication for its use in inflammatory mischief within the cranium. It may, however, form one of a group of symptoms to which the drug is homœopathic and curative; for it is a part of the general influence of the drug on the sympathetic (and perhaps musculo-motor) system, though not of that which it ordinarily exerts on the brain substance.

2. Its irritant influence on the eye makes it a prime remedy in homœopathic practice for inflammatory affections of this organ. It is indicated in the severe forms of catarrhal ophthalmia, and in strumous ophthalmia when of inflammatory type; also (say Drs. Allen and Norton) in the acute exacerbations of chronic disease, as granular ophthalmia. Sense of burning and dryness of the eyes is characteristic of it here. I have seen it act admirably in two cases of iritis of traumatic origin. Its use as a mydriatic in iritis generally is well-known and universally adopted. It is mainly a mechanical proceeding. We want to hold the iris away from the capsule of the lens, lest it should adhere there; and to prevent the contraction of the pupil, which might become permanent. But, by its action on the sympathetic, it must contract the blood vessels, and in this way help to subdue the inflammation; it also keeps the iridal muscle at rest, and perhaps abates

the ciliary pain. Dr. Anstie thinks that he has seen incipient glaucoma checked by the subcutaneous injection of a minute dose of *atropia* in the neighbourhood of the eye, whilst not uncommonly in chronic glaucoma its employment has been known to cause an inflammatory attack. The fact that this peculiar affection is often a trigeminal neurosis of cerebral origin, and liable to complicate neuralgia of that nerve, would also suggest the possible usefulness of *belladonna* in it. The medicine is also suitable to retinal hyperæmia, especially (Drs. Allen and Norton say) if a red conjunctival line is very marked along the line of fissure of the lids; and even to retinitis and optic neuritis.

3. From what has been said of the far-sightedness of *belladonna* it will be seen to bear no homœopathic relation to the presbyopia of old age, which results from flattening of the eyeball; but it should be tried when the defect comes on in early life, and is accompanied by mydriasis. Asthenopia also, when the pupil is much dilated, would call for it. In amaurosis, especially when complicated with photopsia or chromatopsia, it is occasionally of striking value.

V. The few ear symptoms of *belladonna* warrant its use in the otitis and congestive otalgia in which it has often proved curative. Hartmann writes: "Although I am convinced, from repeated experience, that *pulsatilla* is almost specific in otitis externa and interna, still cases do occur in which it is not sufficient, but must give way to *belladonna*. This occurs where the internal inflammation is more vividly developed than the external, or where the consensual cerebral symptoms are prominent phenomena."

VI.—1. Following its pathogenesis, *belladonna* has been largely and successfully used in the school of Hahnemann for the congestive varieties of toothache, including inflammation of the dental pulp. It should always be given where burning, throbbing and swelling are present, and will often arrest an incipient gum-boil, especially if aided by *aconite*. Its toothache is characteristically worse at night.

The important place occupied by *belladonna* in the dentition troubles of children must here be noted. "It should undoubtedly be administered," writes Hartmann, "in those cases where children awake from sleep as if frightened, look anxiously round or stare fixedly at some object, with pupils dilated and an absent expression, while

all the muscles of the body are in a spasmodic state, the child is quite rigid and stiff, the whole body, but particularly the forehead and hands, are extremely hot, and the urine is passed involuntarily. Such a state usually continues a few minutes only, but soon recurs, while the heat is constant, and the child is scarcely able to quench its excessive thirst." Again: "If the child has been restless for several nights; if it has tossed about with burning heat of the whole body, and has desired to drink frequently; if there is redness of skin, trembling of limbs, anxiety, gasping, sighing, with short, convulsive, spasmodic cough, succeeded by short, quick, noisy respiration and perceptible oppression of chest; if the conjunctiva is injected; if the body is agitated by shocks, repeated almost like those of electricity; if, moreover, convulsions of the limbs supervene, *belladonna* is indicated beyond doubt."

2. The tongue symptoms of *belladonna* go partly to complete its homœopathicity to fever on the one hand, and to the glosso-laryngeal paralysis of Duchenne on the other; and partly to indicate it in glossitis, where it is very effective.

3, 4. The buccal condition induced by *belladonna* is also a part of its fever; but its potent influence on the throat has made it a prime remedy for inflammatory states of this part. For acute sore throat it is as complete a specific as medicine can present, especially where there is much heat and pain on swallowing, bright redness of the affected parts, flushed face, and headache. It may also be used with much confidence in non-malignant forms of diphtheria, even when the symptoms are severe; but unless decided improvement has resulted within 48 hours of commencing its use, or if the symptoms, yielding at first, should recur, it should be discontinued.

Attention has been drawn to the hydrophobia-like character of some of the throat-symptoms of *belladonna*, and its general homœopathicity to this dread disease is obvious. If any medicine has ever proved curative in hydrophobia, it is *belladonna*; and its prophylactic power rests on still surer grounds.

5. *Belladonna* is generally recommended in acute gastric catarrh. Hartmann considers it indicated in the most inveterate kind of cardialgia, "and generally in those cases in which *chamomilla* appeared to be called for, but had been employed without benefit; where the patient complains of a gnawing pressure, or a spasmodic tensive

pain in the epigastric region, which forces him to bend backwards from time to time, and to hold his breath in order to obtain relief." Kafka, after the experiment on himself (*A. I.*, 8), came to give *A. sulphuricum* (which he regards as more potent than *A.* itself below the diaphragm) in nervous cardialgia with frequent advantage. Bähr recommends the same preparation in chronic vomiting, and to relieve the pain of gastric ulcer.

6. *Belladonna* has been found of much value in enteritis and peritonitis, and in the form of colic figured in H. 666, with which the transverse colon may be felt through the abdominal walls distended like a pad. Not uncommonly, moreover, has it proved curative in ileus and strangulated hernia, when inflammatory symptoms are prominent.

7. *Belladonna* has not yet found place in the therapeutics of diarrhœa; and it is doubtful whether the benefit ascribed to it by Trousseau in chronic constipation is a homœopathic action. It would be quite suitable in irritations and spasms at the anus when the subject and the general symptoms suggested its use.

VII.—1. From what has been said of the action of *belladonna* on the kidneys, it is plain that it does not here cover the whole ground of its analogue—the scarlatinal poison. When tubal nephritis has been set up, it cannot neutralise the mischief; though it may (like *terebinthina*) do good by unloading the Malpighian tufts, and so setting free a copious flow of urine to flush the ducts. But if the renal hyperæmia, whether of scarlatina or of cold, has gone no further than to produce defective secretion, hæmaturia, or even albuminaria, *belladonna* may be all that is required.

2. For simple irritation of the bladder, short of actual inflammation, I know of no medicine more valuable than *belladonna*. Whether its value in the nocturnal enuresis of children is due to its homœopathic action, I doubt. That it is capable of paralysing the sphincter vesicæ, we have seen; but I am inclined to think that excess of muscular irritability, rather than want of power, is at the bottom of most of these cases, and that the largish doses required act by reducing this, and so breaking the morbid habit.

VIII.—*Belladonna* has acquired a reputation in the treatment of uterine congestion and inflammation quite

out of proportion to its physiological effects in this region, though the "bearing-down" noted among these has always been the best indication for it. Drs. Leadam and Guernsey appreciate it warmly here; and the former commends it in rigidity of the os uteri during labour. The latter regards *hot* discharges as indicating it in both menstrual and lochial derangements. Dr. Dunham praises it in prolapsus, when this is (as it were) active rather than the passive relaxed condition indicating *sepia* or *stannum*. The bearing down is worse when the patient sits bent over and when she walks, but better when she sits erect or stands. It is probably a tenesmus of the cervix. He describes a form of dysmenorrhœa, connected with ovarian congestion, in which he has found its repetition just before each menstrual epoch for several months completely curative. He has also removed with it offensive odour of both catamenia and lochia, being led to it by H. 796. Dr. Ludlam esteems *atropine* highly in ovarian neuralgia.

IX. *Belladonna* (or *atropia*) is often useful in catarrh of the larynx, when there is much dryness and irritability. Bähr gives it a high place among the remedies for incipient bronchitis, and generally considers it a "very efficient remedy in acute catarrh of the respiratory organs." The constitution of the patient, and the accompanying head symptoms, are his chief indications for it. Rückert shows it to have been highly esteemed among the elder homœopaths when the cough and breathing were very painful, and the suffocative distress great, especially in children. Bähr and Hartmann both commend it in pulmonary congestions and hæmorrhages, especially when connected with morbid dentition in children or catamenial disturbance in women. There is no evidence that *belladonna* is related to true spasmodic asthma; but when this is rather bronchitic, and occurring in young persons, the drug may be very useful.

It might be of service in infra-mammary pain, when its subject was too plethoric for *pulsatilla* to be suitable.

X. 1, 2. *Belladonna* plays no part in cardiac affections, but it is in the school of Hahnemann one of the leading antipyretics. The pathological suggestion obtained from the condition of urine produced by it leads us—as its symptomatic phenomena led our predecessors—to fevers of the typhous kind as especially calling for its use. The "typhus nervosus" of the old nomenclature is its special



sphere, best when this is also "versatilis," but not excluded (as Hartman has shown) when it may be called "stupidus." Of the essential fevers now recognised, the typhus and enteric types are those in which it plays its chief part; and it finds here its characteristic dry tongue, as well as the cerebral symptoms which always suggest its use.

XII.—Besides the erysipelas already mentioned (§ iii.), and for boils, which it will often blight, *belladonna* has hardly found any application in cutaneous disease proper. It is when the rash it excites combines with its fever, as it does in scarlatina, that it becomes a prime remedy, and here also its throat and brain symptoms concur. It was as a prophylactic for this disorder that it first attained celebrity in Hahnemann's hands. "The prophylactic power of *belladonna*, discovered by me," he writes in 1830, "against the true erysipelatoid smooth scarlet fever, as described by Sydenham, Plencitz and others, was calumniated and ridiculed for nineteen years by a number of medical men, who were not acquainted with this peculiar form of children's disease, and consequently mistook it for the red miliaria (*purpura miliaris*, *Roodvonk*) that came from Belgium in 1801. This they foolishly called 'scarlet fever,' and naturally they failed to get any result from the administration of my prophylactic and curative remedy for true scarlatina, in this red miliary fever. I am happy to say that of late years other medical men have again observed the old true scarlet fever. They have amply testified to the prophylactic power of *belladonna* in this disease, and have at last rendered me justice after having been treated so long with unmerited contempt." Dr. Dudgeon's *Lectures on Homœopathy* give the testimonies here referred to; and Stillé, in his *Therapeutics*, sums up the case in favour of Hahnemann's claims for the drug. The scarlatina we see in this country is commonly his "smooth" variety.

The same action on circulation and skin makes *belladonna* the great remedy for the initial fever of small-pox, where, every now and then, erythematous and scarlatiform exanthemata precede the distinctive pustular inflammation, as Simon and Curschmann have shown. *Aconite* has no influence here, but *belladonna* can produce a decided abatement of the pyrexia and pains, even before the pocks come out.

ADMINISTRATION.—*Belladonna* is esteemed equally highly by the infinitesimal and the more substantial posologists of the homœopathic school. Perhaps it may be said that in the fevers and inflammations calling for it the lowest potencies answer best; while for its erethistic states of the nervous system, as in dentition, it can hardly be too attenuated to succeed. As a prophylactic in scarlatina, the 3x dilution or therabouts may be given once daily.\*

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### STOMACH PAINS, CRAMP, GASTRODYNIA AND CARDIALGIA.

By BERNHARD HIRSCHL, M.D.

Translated by THOMAS HAYLE, M.D.

(Continued from vol. xxix., p. 543.)

#### MERCURY.

It is not to be mistaken that the mercurial preparations have very marked gastric pains. Although, however, the particular separation of the individual medicines according to their modalities must await further provings, yet for experts there can be no doubt in what forms of gastric pains the mercurial medicines find their application, which at all events is very limited. The particular preparations have the following actions:—

#### *Mercurius vivus.*

Great pain on touch; burning; ache after eating like a stone.

#### *Mercurius solubilis Hahn.*

Painful ache, especially on touch; pain as of a sore; ache, drawing as cramp; the stomach doesn't bear the least thing; fulness and tension, tightening the breathing in the epigastrium; food lies like a stone, as if collected in a lump; first pinching in the epigastrium, then soft stool; constrictive tearing, then going into the chest; burning in the epigastrium, pain there as of a crucial incision.

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\*My engrossing occupation with the *Cyclopædia* has prevented me from appending my intended bibliography of the drug, and generally from completing the treatment of it as I could have wished. Since, however, it is only given as a specimen, it will serve for the present; and I invite the criticisms and alternative presentations of my colleagues.—R. H.

*Mercurius dulcis.* (Calomel.)

Violent pains in the stomach ; chronic gastric weakness, and disturbances in digestion difficult of removal.

In autopsies ; injection of the stomach.

*Mercurius sublimatus corrosivus.*

The most extreme tenderness on external touch, unpleasant feeling, heat up to the throat ; ache ; violent pains in the epigastrium, unbearable ; shootings ; gnawing ; gnawing and burning spreading over the abdomen, from the mouth to the stomach ; gastric and intestinal inflammation ; vomiting of pus, mucus, bile, blood.

Pathological anatomy : Stomach generally constricted, filled with dirty, bloody fluid ; in the neighbourhood of the pylorus, reddened, inflamed, blackly gangrenous, ulcerated, easily separated by tearing, softened ; ecchymoses between the membranes, consequently spotted with black. The mucous membrane is often decomposed into a grey, brown mass by large doses.

*Mercurius poc. ruber.*

Gastric and intestinal inflammation.

We see that only mucous membrane affections of an organic character, from catarrhal swelling to inflammation, and organic metamorphoses are adapted to the deeply penetrating mercurials, especially for the acute and febrile forms, in chronic cases chiefly as intercurrents in acute aggravations. Thus in induration and schirrhous with caution, and rarely in ulceration, softening.

*Millefolium*

has quite peculiar gastric pains. Gnawing and digging, as of hunger ; burning up to chest upwards, especially upwards and to the right, while bending the body, when it becomes drawing and burning ; as if the stomach was stuffed with constrictive earth ; feeling of fulness and fasting ; spasm, and as if a fluid were therein which draws itself out of the stomach to the anus.

In spite of all this, *millefolium*, to my knowledge, has not yet been employed in gastrodynia. It will be probably suitable for congestive states, especially such which depend on hepatic and hæmorrhoidal affections. The old school praises it as well for dyspepsia, atony of digestion, congestions of the liver, as in "cardialgia." At any rate, the provings are still too defective.

## MOSCHUS.

The volatile character of this medicine renders it less called for for our object. The hitherto discovered pains are : Ache, fulness, tensive, compressive, to be felt in front and in the back, with anxiety, tightness of the cavity of the chest, compelling deep breaths, lessened by belching ; with spasmodic pain in the epigastrium ; feeling like heaviness as of something hard on the stomach ; throbbing, feeling of warmth ; in the epigastrium tension as if too tight, with smarting, burning soreness after each time of eating ; spasmodic retching and choking.

The recommendation of allopathy in gastrodynia nervosa is justified by these symptoms ; we, however, will not find it necessary to have recourse to this medicine at any rate, having little action on the stomach and of very limited action.

## MURIATICUM ACIDUM.

Physiological actions : Long continued heat and burning in the stomach ; painful feeling of drawing in the stomach on a small spot ; constriction ; very violent ache, feeling of fulness after abortive attempt to belch ; empty feeling, especially in the gullet, no going away after eating, with rumbling in the bowels ; loss of appetite ; repugnance to butcher's meat ; belching ; regurgitation of sour fluid ; chilly sickness ; thirsty sickness ; retching ; vomiting of food.

Since the proving of *ac. mur.* is not yet perfected, so nothing satisfactory remains to decide about as to its relation to the gastric nerves. At any rate it has more affinity for the mucous membrane, less of the stomach than of the intestine. The character of decomposition of the blood and atony makes it probably suitable for atonic mucous affections of the higher grades, and its relationship to other acids, for the acute extreme anæmic states, also of the mucous membranes as well as for catarrhs of the atonic kind connected with the formation of acid.

## NATRUM CARBONICUM.

Physiological actions : Pain, particularly to touch ; ache after eating, with choking, constriction, drawing and cutting ; also aching outwards and inwards ; shoots with drawing in of the region of the stomach, or burning afterwards ; ache and grasping ; spasmodic constriction about the stomach, towards the hypochondrium, to bending

forwards, eased by stretching out and walking, worse by stooping and sitting, with this movement under the stomach as of a worm; pinching and gnawing as of a worm; feeling of fulness; flabbiness, fasting; pinching and cutting towards the sacrum and the left side; tension over the epigastrium; burning right and left near there.

If we compare with these apparently very pronounced pains the still more developed signs of actual indigestion and derangements of digestion, the connection in which these feelings stand with the symptoms of change of taste, belching, nausea, vomiting, weak digestion, acidity, loss of appetite, the influence which the act of eating induces, the character of several symptoms brought on by flatulence, we must confess—what also proceeds from the experience of the old school, especially from its curative practice—that especially catarrhal and chronic inflammatory states find here their image, and that the here indicated hyperæsthesia goes hand in hand with appearances in the mucous membrane. Hartmann's recommendation rests on constrictive gastric cramp, but he puts the following medicine higher.

#### NATRUM MURIATICUM

bears this character, especially the gastric and dyspeptic element, much more distinctly marked than *nat. carb.*, namely: acidity, heartburn, belching, nausea, flabbiness with digging in the epigastrium, regurgitation of food, disgust, retching, vomiting of water or food, pyrosis, loss of appetite, with feeling of fulness, morbid craving; thirst, faint, bitter, mucous, putrid taste, &c. All the troubles are increased or called forth by eating.

Of pains *nat. mur.* shows: ache in the stomach even to the chest, after eating; constrictive pain at the cardiac orifice, in fits, with feeling of cold; colic; small shoots; prickings; dull, unpleasant feeling at the cardiac orifice, and behind the sternum, as from a foreign body firmly fixed there. Pressing as from something fixed; dull shooting downwards compelling deep breathing; throbbing, like the beat of the heart, increased by pressure; burning, pinching, anxious feeling as of a weight; hard feeling of swelling; the pit of the stomach as if ulcerated; painful epigastrium; grasping in the epigastrium; pain as from a blow on the left of the epigastrium, especially to the touch; pressure at the throat; constrictive, contractive as from a cord, cutting, twisting, turning pain like colic, with feeling of

weight in the limbs; shooting in particular parts of the body, and abortive going to stool; partly heat, partly cold in the stomach.

The excellent proving by Watzke\* has, for the most part, confirmed and completed Hahnemann's observations, aching, burning, shooting, feeling of warmth, pulsation, however especially marked.

The pathologico-anatomical appearances of animals killed by cooking salt showed, according to Watzke, quite externally on the stomach injected capillaries and dirty brown, livid spots; the mucous membrane covered with considerably much sticky slime; reddened in spots, especially at the pylorus and mouth of the stomach; dark red in great arches, and, although thickened, easily torn; its follicles largely developed. It easily dissolved and gave way under the fingers, so that the muscular coat appeared quite bare. In agreement with remarkably established other symptoms, Watzke indicates as indications for *nat. mur.*: asthenic hyperæmias; passive states and congestion of the digestive tube, in connection with dyscrasias, chlorosis; further affections of the mucous membranes, as swelling, loosening out, puffings, thickenings, hyperæmia of the tissues, chronic gastric troubles with heartburn, attacks of faintness, weakness with fainting, pyrosis; vomiting of the usual drinks, hæmatemesis, and as particularly favourable additional symptoms: emaciation, tendency to take cold, chilliness, ebullition of blood, constipation, ache, drawing, and gnawing in the epigastrium, intermission of the pulse and beat of the heart. He places *nat. mur.* directly against *n. vom.* in relation to individual relations, and brings out with justice that the nervous symptoms are brought out only mediately by the blood changes.

Hahnemann, in his introduction to the provings, gives as special indications:—Bitterness in the mouth, belching sour, repulsive, after partaking of fat and milk; heartburn, upwards from the stomach; waterbrash, with twisting feeling about the stomach; nausea, disgust at fat food; vomiting of food; loss of appetite for bread; loss of appetite; immoderate appetite at noon and evening; constant thirst; morbid hunger, with fulness and satiety after eating a little; ache in the epigastrium; stomach-ache; cramp in the stomach, with nausea and sudden prostration;

\**Oestr. Ztschr. fr. Hom.*, bd. iv., s. 1.

pain over the epigastrium to the touch; swollen epigastrium and painful as if sore to the touch; grasping in the epigastrium on eating; sweat on the face; after eating, empty belching, nausea, heartburn.

Hartmann finds *nat. mur.* preferable to *nat. carb.* and especially to be commended in constrictive cramp of the stomach which begins immediately after dinner and lasts till evening, with coldness in the stomach and back—again an indication worthless in practice.

In Noack and Trinks finally, with the individual symptoms of Hanhemann above-named, which relate to taste, appetite, feeling of hunger, thirst, belching, &c., are brought out; troubles after eating and drinking, soda, pressive, constrictive, and grasping gastric pains; cramp in the stomach; throbbing in the epigastrium; feeling of a foreign body in the epigastrium; swelling and pain in the epigastrium on pressure.

Griesselich recommends *nat. mur.* for nausea and vomiting of pregnant women. Engelhardt in schirrhus and carcinoma ventriculi. The special and proved indications follow in the next section.

#### NATRUM SULPHURICUM.

A fragment of a proving, which has not yet been used, and for our object is not likely to be, in spite of the symptoms of boring and throbbing in the stomach.

#### NICCOLUM

has not yet been employed, has, however, like almost all metals, many gastric symptoms:—hiccough; nausea; retching; fulness in the stomach; bitter, nauseous taste; nausea as if water would belch up, with ache and choking, in the evening, frequently intermittent, and eased by belching; through the stomach, even to the back, violent to shrieking, therewith at the same time a shoot through the chest; about the side of the stomach; ache, constriction, or digging; pinching; on both sides of the stomach like a shoot; burning; stomach-ache, like emptiness, as fasting, and yet no appetite, with nausea, as from weakness of the stomach; violent cutting and shoot in the epigastrium, as with knives, in all postures. It is impossible out of this first proving alone to fix anything characteristic for practice.

## NITRI ACIDUM.

The totality of symptoms under this head runs: sour, bitter, sweetish, salty taste; loss of appetite; feeling of satiety; morbid hunger; thirst; predominant acidity; inclination for earth, lime; heartburn; belching sour; nausea; vomiting; hiccough, bitter, sour. In the stomach: feeling of burning; gnawing; scraping; cramps as from chill; spasmodic constriction, nauseating, grasping and pinching in fits; pressure, as if sore; ache, increased by pressure; very painful on walking; eased by belching; removed by eating; stretching out not to be borne; heat or cold. Pains in the region of the cardiac orifice during swallowing food. In the epigastrium: pressure and sudden burning, as if hæmatemesis would follow; continuous, short, spasmodic drawing; with short breath tension about the navel; ebullition of blood; pulsation; abdominal distension.

Hahnemann found *n. ac.* specially indicated when present bitter, sweet taste; disgust for meat; indigestibility of milk; nausea after eating fat; during and after eating, sweat; feeling of fulness in the stomach; after mid-day meal, weakness; sour belching; retching; waterbrash after quick drinking; shoots in the epigastrium; pinching in the abdomen; collection of flatulence. Noack and Trinks add to this: sour taste; constant great thirst; loss of appetite; speedy satiety from good appetite; inclination for earth, chalk, lime; constant hunger; belching, with the taste of food; empty bilious belching; regurgitation of half-digested food; heartburn; and adds, with a note of interrogation, cramp in the stomach?; gastrodynia?; schirrus ventriculi et pylori? Hartmann says: \* We must not pass over *ac. nit.* in cramp of the stomach, since it affords such weighty services, especially in the kinds combined with diarrhœa, or in subjects who have been attacked with syphilis or overloaded with *mercury*. The chief symptom will be spasmodic scraping in the stomach and epigastrium, which presses up into the chest and shortens the breathing.

Kreussler coming near the truth puts *ac. nit.* among the medicines which are, when congestion is more predominant than the spasmodic element, blood spasms, and the disease is single-rooted like *arsen.*, *sulph.*, *sep.*, *ferrum*.



We have in this active medicine at any rate to do with abdominal venous, or even with the anæmic form of gastrodynia; also with chronic inflammation, as well as with catarrhal swelling, hypertrophy, commencing organic degeneration, schirrhus, softening, formation of ulcers, erosions. The more specific signs see in the next section.

#### NITRUM.

Pathogenetic: Very violent pain as from disordered stomach; belching, heartburn, nausea; retching with stomach-ache, waterbrash, diarrhœa; vomiting of mucus and water, bloody slime, blood; burning and aching, at first slight, then increased to a dull boring, finally cutting in the intestine; in the fundus and cardiac orifice; acute shoots in the stomach and whole body, violent, with colic, impeding breathing; burning with violent shoots; pulsation; like twisting round in the stomach, coldness of ice, with pain on touch; nausea with retching, waterbrash; weakness, fainting in the pit of stomach; cramp in the stomach; gastritis. Pathological anatomy in men gave: gastritis, which internally was studied with brown and black spots, and sometimes was found loosened out; the internal coat being separated; bloody moisture in the same. Hahnemann's recommendation runs: want of appetite with thirst, the most violent cramp in the stomach. Noack and Trinks theoretically recommend it in hæmatemesis, gastritis; ache in the stomach, cramp; chronic weakness of digestion. Wilson and Philipp in the old school praise it.

Hartmann has only used it in the most violent kinds, but then always with use, when a burning pain in the stomach with violent shoots made the chief ground of complaint, and after this attack was over, a cold feeling, like ice in the stomach, came on, during which the epigastric region became painful to the touch. In spite of this, and although with gastritis cardialgia also figures with in the table of symptoms, we believe, supported upon the totality of symptoms of *nitrum*, we are compelled to indicate gastritis as its proper field, and indeed more in its chronic and asthenic form than in its acute and sthenic. However, trials have been made with *nitrum* for ache after disordered stomach, hyperæmia or catarrh, which are well supported upon the physiological results. For ulcers, in spite of the symptoms of vomiting of blood it will only be

adopted when in the circumference, as frequently occurs, sub-inflammatory irritation occurs. It is not suitable for neurosis proper.

NUX MOSCHATA.

Pathogenetic Symptoms: In the stomach—Cramp in the stomach and great weakness in the stomach and cardiac orifice; heaviness in the stomach, weakened digestion; warmth and feeling of warmth; also coldness and failing digestion, indigestion, fulness; distension and blowing out of the stomach; commencement of pinching under the stomach, as in colic; cardialgia, violent pains in the præcordia, with vomiting; taste as after a debauch, chalky, pappy, sour; want of appetite and of thirst; aversion to smoking; increased appetite, scarcely appeased, again renewed; violent hunger; morbid hunger; thirst; after eating, uncomfotableness, prostration, scratchy belching as of pine oil; heartburn, heat in the stomach; burning going outwards and gastric ache; feeling ill; hiccough, disgust, choking and vomiting. The proving carried out by Helbry quite shows the character of weakness of digestion, of dyspepsia from torpor. Here belong also the spasmodic symptoms which generally will be caused organically, though a primary action upon the ganglionic system is not to be denied. It is prudent, therefore, not to prescribe it in cardialgia with Noack and Trinks, but to agree with Peschier and other disciples of the old school, who recommend it in spasmodic choking and vomiting in pregnancy, after over-excitement, morbid hunger, swelling of the stomach, &c., in dyspepsia and weakness of digestion, whilst Lundelin and Bertele decide upon it in pure nervous cramp. It is questionable whether *N. moschata* is ever useful in the vomiting of pregnancy, and in atony of the gastric nerves. For hyperæsthesia proper there is no support neither in the provings nor experience.

A fragmentary proving, by Dr. Hering,\* gave after chewing the kernel: slight burning in the stomach, like a feeling of fasting.

The single case of improvement existing in our homoeopathic literature, not a cure but probably not long lasting improvement from *N. moschata* is by Rummel.† A woman, 70 years of age, suffered from cramp in the stomach, de-

\* *Viertelj*, sehr, bd. x., s. 90.

† *Allg. H. Z.*, bd. 29, s. 34.

pendent on degeneration of the mucous membrane (of what kind?). Even indifferent kinds of nourishment aggravated the aching, pinching, burning pains. Therewith belching, nausea, tongue coated on the left side, painful tenderness of the epigastrium, slight hardness there and pain in the back. *Cocc.*, *C. veg.*, *nux*, *arsenic*, *veratr.* were of no use. *N. moschata*, 200 I. dissolved in a cup of water, at the commencement 6-12, later 24, hourly one teaspoonful, diminished in the next month. We are willing to pay respect to such histories of disease when they come from a Rummel. Intercurrently has Hofrichter\* used it in vain.

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## THE EVIDENCE OF SYMPTOMS.

BY A GENERAL PRACTITIONER.

In treating disease homœopathically, we prescribe medicines which produce symptoms similar to those we desire to cure. The older method ordered drugs which gave rise to a condition precisely the opposite of that which constituted the patient's morbid condition. Hence, the oft-repeated assertion of those who are without any practical experience of homœopathy, that it is "absurd." They support this contention by saying, that to give a medicine acting similarly, on the same lines, as it were, to the disease, is to try and increase a patient's symptoms, whereas the object of the physician is to oppose and to destroy such symptoms as they arise, and, they add, this can only be done by medicine acting oppositely to such symptoms.

We would ask our symptom-smothering brethren, What is a symptom? What are we to understand by or conclude from it? Is it only an evil effect of the disease, and as such a something which must be put a stop to, though it be only temporarily, by some drug which covers up the evidence it yields, and presents us with a drug symptom in its place?

Is our knowledge of the actual changes which arise during the course of disease so perfect as to assure us, that a drug symptom added to the disease symptom will prove a greater advantage to the patient than allowing disease to work its way after its own manner without the symptoms being obscured by drug action? Such practice is that termed "expectancy." My own observation has

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\* Allg. H. Z., bd. 45, s. 239.

led me to the conclusion that, save when it is important to allay severe pain temporarily by a moderate dose of opium, it is much safer and more successful practice not to give any drug in such a dose as will produce its specific or drug symptom. To do so is, as it were, to pile drug effect upon and so to smother disease effect. May we not, while looking upon symptoms as evidence of a process of disease, regard them as manifesting efforts of the economy towards recovery? If so, are we not right in giving a medicine which we know (though *how* it does so we cannot yet fathom) works in the same direction, as the equally unfathomable disease process? In other words, looking upon a symptom as evidence of an effort of nature to do "something," can we do anything but good by trying to do the same "something."? Shall we not incur a risk of doing harm by prescribing "something" in opposition to nature's efforts?

Such a view of the meaning and intent of symptoms is one which certainly strengthens our faith in the law of similars. To illustrate my meaning by reference to a medical case is, with our limited knowledge of the minute and complicated changes which arise both from disease and drug action, not easy, but in the domain of surgery, an example of what I intend to convey is often met with. In suppuration, which is the result of the irritation of a foreign body, if we knew of a drug which would prevent such suppuration, and the consequent loosening of the offending particle, should we use it in opposition to the beneficent though painful operation of nature? Here is a symptom, the object of which we can understand, the production of which we can watch. Would not a drug which has the power to produce suppuration be that, which, in such a case, would be most useful to the patient, that which would most certainly help nature as soon as she had commenced her symptom?

Here some-one may say, if this be true why not give a large dose rather than a small one, and so, by doing more of nature's work, cure more quickly? To do this, however, would be to try and force nature's work, to excite a degree of speed in her operations which is beyond her power. It would be an operation something akin to endeavouring to manufacture an incubator which would hatch hen's eggs in half the natural time, or to attempt the production of impossible speed in any other natural process. Our dose

must be so chosen as to produce a cure as quickly as the recuperative powers of nature are capable of acting. By endeavouring, through a large dose, to go beyond this we produce aggravations, give rise to drug-suffering, and consequently prolong that which is caused by disease. In practice, I think, it has been proved that in chronic disease when the symptoms work slowly, the higher dilutions are useful, whereas in acute disorders, when nature is working rapidly, more tangible doses may be given, not only without any fear of aggravation, but with every advantage to the patient.

To the suggestion that, in disease nature is working as rapidly as she can and therefore stands in no need of assistance, cannot in fact be hurried, I would oppose the simple fact, abundantly attested by experience, that through homoeopathy disease is cured more rapidly than it is when nature is left unaided.

London, April 14th, 1886.

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## REVIEWS.

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*Periodic Drug Disorders.* Part I.—General Febrile Drug Disorders. By L. SALZER, M.D. Calcutta: Birigny & Co. 1885.

THE periodicity pertaining to the phenomena of some diseases is abundantly clear; but over and above those of which it is typical there remains a large category of cases, including instances of almost every known form of disease, in which some of the more prominent symptoms recur or are aggravated at certain definite hours of the day. The reality of the similarity subsisting between drug disorders and diseases arising from ordinary causes is in nothing so well substantiated as by the regularity in which certain drug symptoms recur at a definite time. In prescribing, the element of time, then, is often an important factor in determining the similarity between the effects of disease and those of the drug we select. It is to point out the influence of certain substances in certain directions at a given portion of the twenty-four hours which constitute a day, that Dr. Salzer has undertaken the work of which the part before us is the first instalment.

Of the importance of paying attention to the periodical aggravation of symptoms, Dr. Salzer says in his Introduction: "It might be said, periodicity is after all only a symptom accompanying a certain diseased state; it is merely the

rhythmical expression of the manner in which a certain disorder manifests itself, but it by no means constitutes a disorder in itself. This is true enough. But then it is not less true that periodicity characterises most emphatically certain diseases, and seems to be interwoven with their very root. If it be only a symptom, it certainly is in many cases a most characteristic one, and as such should, especially from the standpoint of therapeutics, not be slighted." This teaching is sound, and cannot be too much observed by medical practitioners.

After a short but very interesting introduction, Dr. Salzer presents us in this part with an analysis of drug symptomatology from the standpoint of periodicity, pointing out the drugs producing certain symptoms at different parts of the day in the first place, and then passing to those which show a periodicity in febrile movements, examining with much minuteness and care the varied phenomena of fever.

The work when completed will constitute a very useful repertory of the periodically recurring phenomena of drug action.

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*Notes on Count Mattei's Electro-Homœopathic Remedies.* By Dr. A. S. KENNEDY. London: Leath & Ross, Vere Street, Oxford Street. 1886.

THIS pamphlet is published for the purpose of showing the value the author attaches to a class of medicines known as those of Count Mattei, and in order to defend the use of them by medical men.

The very natural, and indeed obvious, objections that all members of the medical profession, and especially those of them who practise homœopathy, have to prescribing these preparations, form an obstacle to their employment which Dr. Kennedy has set himself to try to remove.

Count Mattei, who claims to have discovered these medicines and the remedial sphere of each, is an Italian nobleman without any medical education at all. This alone casts a shadow over the value of the evidence adduced in support of them. Then, again, everything regarding them is shrouded in obscurity. Their source and the mode of their preparation are known only to their proprietor. It is true that a former assistant is said to have divulged the names of the plants from which they are derived, and to have traced the discovery of them to some ancient "herbals," but how far his revelations are correct, we have no means of judging. Then again the Count says that they are "homœopathic." For a medicine to be homœopathic to any disease, it must, first of all, have been tested upon healthy persons, in order to see what diseases its effects on them resemble. No such experiments have, so far as we are aware,

been undertaken. The Count's simple statement that they are homœopathic to the conditions in which he asserts that they are remedial, is scarcely sufficient to justify us in accepting their being so as a fact.

We are assured also that he is a staunch believer in homœopathy, and is filled with reverence for the memory of Hahnemann. This is all very well as far as it goes, but it proves nothing; while, on the other hand, nothing was more abhorrent to Hahnemann than the keeping to himself any therapeutic knowledge that might prove useful to his medical brethren in their treatment of disease. Such secrecy as the Italian Count practises in connection with his medicines is utterly unknown in the whole history of homœopathy. The minuteness of the dose—though how minute it is we do not know—seems to suggest that when one of these medicines does relieve or appear to do so there may be a homœopathic relation between the disease and it, for as a rule any medicine which is curative in minute doses is found to be homœopathic in its relation to the disease it cures.

Next, the name "Electro-Homœopathic" is most objectionable and misleading. No one of Mattei's disciples, who knows anything of medicine, claims that these "remedies" have anything to do with electricity; and Dr. Kennedy states that Mattei called them "electro," &c., because, forsooth, they acted so quickly, "like magic!" The name which has been given to them is, therefore, enough to deter most men from having anything to do with them, savouring as it does so thoroughly of quackery.

Again, the particular names of the remedies, "anti-scrofuloso," "anti-canceroso," "anti-angiotico," &c., are repulsive in themselves, as they mean nothing, except that Mattei considers them curative in scrofulous, cancerous, and angiotic (plethoric or hæmorrhagic) cases respectively. Dr. Kennedy defends these names, urging that it is no worse to call a remedy "anti-scrofuloso" than "anti-psoric." But this is no argument. Hahnemann called a certain class of remedies anti-psoric, because their effects on the healthy resembled the symptoms of cases occurring in persons of the "psoric" or "herpetic" diathesis, and this merely described his view of the sphere of action of certain remedies each of which had its scientifically acknowledged name, and had a known pathogenesis.

We hear people speaking of Mattei's "System." There has been no system propounded by him, but merely a certain number of remedies which he believes are useful in certain habits of body or diathesis, and which have been prepared and sold by him under feigned names. And in this division of scrofulous, cancerous, and angiotic constitutions he classes all cases, and thus they are treated on the vaguest mode of generalisation and with

little or no effort at individualisation. It is no wonder, then, that homœopathic practitioners fight shy of using the Count's medicines. They are asked to work in the dark, to rely solely on the Count's *ex cathedra* statements as to the action of these medicines, and therefore to prescribe remedies of which they know nothing except on the authority of a man who has given no evidence of possessing any knowledge of medicine. In fact, the remedies are quite empirical, as far as any actual information about them is concerned, and their employment is even more empirical than is the use by the old school of certain well-known drugs, as even the plants from which they are taken are kept secret.

In however objectionable a manner these medicines come to us, the real point of importance is, are they actually of use, can they do anything in the way of cure, when ordinary carefully selected homœopathic remedies have failed? We do hear, every now and then, of cures by them, and Dr. Kennedy certainly gives some apparently striking cases. But these cases would have had more weight with a cool, unbiassed judgment, if such as the following had not been printed and expected to be believed. At p. 28, he says, speaking of "anti-scrofuloso"—"Stone in the bladder or kidneys is curable by this remedy. One case in my notes is as follows: 'Mr. —, aged 69, had for seven nights been in the greatest agony, owing to the passage of a calculus from the kidney into the bladder. He had not slept, and was in a most deplorable state, his friends expecting his death. *Scrof.* was administered in dilution by frequent teaspoonful doses. Immediate relief was procured, the stone was dissolved, and no further trouble felt.'" Now, the conclusion that the stone was dissolved is one of the most remarkable we have ever met with coming from an educated and qualified practitioner. Everyone knows the intense agony caused by the passage of a calculus along the ureter to the bladder, and that the longer the passage takes the more likely is relief to be hourly expected, whether medicine is given or not. Everyone knows also that as soon as the stone reaches the bladder immediate relief to the pain is experienced, and after seven days, during which the stone was *in transitu*, there is no evidence whatever that the "*scrof.*" had anything to do with the cessation of the pain. Everyone knows likewise that a small stone may remain in the bladder a long time and give no trouble. To infer therefore that the stone was dissolved is a singularly baseless assumption, and indicates such a biassed mind that any professional reader cannot fail to doubt the author's judgment and reasoning power, while such a case must involuntarily cause the other facts he has adduced as evidence to be doubted.

In some of the other cases reported by Dr. Kennedy the



recovery, which followed the use of the medicines given, is difficult to account for unless their remedial power is admitted.

Mattai's medicines are, therefore, at their best, secret and empirical; and, like others of the same class, may occasionally prove useful. When and where they will be so must ever be uncertain; while the absence of all knowledge as to what they are adds to the difficulty of prescribing them. We place them in the same category as Hinrod's powder for asthma—though their sphere of action is far less well defined. The value of this is undoubted, and practitioners frequently avail themselves of it in endeavouring to relieve their patients, when other, and more *a priori* likely remedies have failed. Undesirable and, in a large proportion of cases, useless as all secret nostrums are, the prescribing of them is far less objectionable than is the practice of keeping a preparation so secret that it can only be procured by consulting its proprietor. This is the lowest form of quackery, and one with which we are not entitled to connect the prescriber of a medicine which is to be obtained in the open market, albeit we are in entire ignorance of its nature.

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*Contribution à l'Etude de l'Hystérie chez l'Homme, par le*  
Dr. EMILE BATAULT. Steinkeil, Paris.

HYSTERIA in the male has of late years been recognised as a disease of frequent occurrence, and forms the subject of many monographs and articles in medical periodicals. The name hysteria—which etymologically means a disease connected with the womb—is of course not scientifically correct, but as it is used to indicate a definite series of phenomena common to both sexes we must forget its etymology and accept it as a convenient term for a well marked array of nervous symptoms for which no better appellation has yet been invented.

This work of our colleague gives a very fair résumé of the conclusions arrived at by the chief medical authorities respecting the pathology, etiology, prognosis and treatment of a disease more or less resembling the hysteria of females, but occurring in individuals of the male sex.

Dr. Batault had the advantage of studying the disease in the clinics of the great French authority in nervous diseases, Professor Charcot, to whom he makes an acknowledgment of the assistance he received in his studies.

We cannot afford space for an extended account of the author's careful elaboration of his subject. It will suffice that we reproduce here the general conclusions to which his studies and observations have led him:—

1. The hysterical neurosis may be regarded as a molecular vibratory anomaly of the cerebral cellules.
2. Hysteria is by no means rare among the male sex.

3. Heredity is the chief etiological predisposing circumstance of male hysteria.

4. Traumatism is the most active of the occasional causes.

5. The disease generally occurs in the male sex between the eighteenth and twentieth years.

6. The influence of profession, of latitude, of climate, of race, of diet, and of education, in the development of the neurosis, is very secondary.

7. Hysteria in the male occurs in the same clinical forms as it does in the female.

8. The male hysterics are generally violent and the subjects of gloomy thoughts during their attacks, they have rarely any gay phases.

9. The tenacity and fixity of the symptoms are often remarkable.

10. The prognosis is grave in proportion to the severity of the symptoms and the age of the patient.

The treatment of the disease mainly consists of electrification, hydrotherapia and isolation. Dr. Batault says nothing about the homœopathic treatment, which is not surprising, as the book is not specially written for the students of the school of Hahnemann, and, moreover, there is as yet no expression of their treatment of this disease.

A detailed account of ten cases, most of them observed by the author himself, adds much to the interest and value of the work. Several well-executed woodcuts, taken from photographs, show the wonderful cataleptic positions assumed by one of the cases during the occasion of the paroxysm. A very complete bibliographical index concludes the book. We can congratulate Dr. Batault on his very valuable contribution to a knowledge of this comparatively rare disease. It should be in the hands of all who are desirous of having the latest opinions of the best authorities upon it. The publication of such a highly scientific work by an adherent of the homœopathic school redounds to its honour, and shows our scoffing orthodox brethren that we can compete with them on the ground of pathology and diagnosis, which they consider to be specially their own.

## MEETINGS.

### ANNUAL GENERAL MEETING OF THE GOVERNORS, DONORS AND SUBSCRIBERS OF THE LONDON HOMŒOPATHIC HOSPITAL.

THE Thirty-sixth Annual General Meeting of the Governors, Donors and Subscribers of the Hospital took place in the Board Room, on Friday, April 30th, 1886, the Lord EBURY (Presi-

dent) occupying the chair. Among those present were Major Vaughan Morgan, Major-General Beynon, Mr. Alan E. Chambre, Mr. Rosher, Dr. Yeldham, Dr. Moir, Dr. Clarke, Dr. Dudgeon, Dr. Dyce Brown, the Rev. Dacre Craven (Chaplain), and several ladies.

The CHAPLAIN opened the meeting with prayer, and the SECRETARY read the notice convening the meeting, and the minutes of the Annual General Meeting on Thursday, April 30, 1885, which were confirmed and signed.

The SECRETARY then read the report which traces the history of the Institution during the year ending March 31st, 1886. In its earliest paragraphs it refers to the loss sustained by the hospital through the death of its President, Earl Cairns, the appointment of the then chairman of the Board of Management, Lord Ebury, in the place of Earl Cairns, of the then Treasurer, Major Vaughan Morgan, to succeed Lord Ebury as Chairman of the Board, and of Mr. Tate to fill the vacancy caused by Lord Dunmore's resignation of the Vice-Chairmanship. The Board has also been strengthened by Mr. Robert Palmer Harding, Major-General Beynon and Mr. Eugene Collins having accepted seats at it.

In noticing the progressive increase in the number of patients, and the consequent need of additional accommodation, the report states that "during the two years which have just ended, want of increased ward accommodation for men has been very much felt by the executive of the hospital, who have been reluctantly compelled to refuse admission to many applicants, entirely because the few beds at present available for men have been constantly occupied. In the year 1881, the total number of In-Patients was 487; in 1882 it rose to 586; in 1888 it reached 548 (although some wards were closed during the greater part of that year in consequence of building operations); in 1884 the total reached 656, the highest number recorded till that time; while in the year 1885-6, ending on March 31st last, the total rose to 675. During the last few months the number in the wards daily has varied from 65 to 73, a very large increase as compared with the daily average in previous years. The number of beds at disposal for the reception of men patients is twelve only, and, as intimated, many urgent cases have been unavoidably declined.

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"At the same time, while so many patients have been unable to obtain treatment in the hospital for want of room, a newly-constructed and comfortable ward has been unoccupied, because the Board has not felt justified in incurring the large additional annual expenditure necessary for its maintenance, inasmuch as the income of the hospital has only recently reached the level of

the expenditure occasioned by its already greatly-extended work. Actuated, however, by the growing necessity for further accommodation (so happily significant of the success of the hospital in diffusing confidence in homœopathy, with ever-increasing benefits to the sick poor), the Board of Management have taken steps to bring these circumstances under the notice of the friends of the hospital and the public generally, in the hope of securing funds to furnish and open the new ward early in the year 1887. In doing so, they have felt assured that the liberal supporters of homœopathy, gratified by the marked progress of the Hospital, not only as a philanthropic institution, but as a standing testimony to the truth of homœopathy, will, as on many previous occasions, encourage and strengthen them in their arduous task."

Major Vaughan Morgan's generous gift of a thousand pounds towards the fund necessary to extend the hospital is with other donations then acknowledged.

The following paragraph summarises the cost of and sources of income available to maintain the additional accommodation:—

"The new ward for men will, it is calculated, accommodate 14 patients. As a result of recent additions the number of beds in the hospital is at present 80. The opening of the new ward will therefore increase the capacity of the institution to 94. But this most important extension will occasion an increase of the yearly expenditure of not less than £500. As a nucleus of a sufficient standing fund for the production of this annual outlay, the Board are able to utilise the Bayes' Memorial Fund, contributed by the friends of the late Dr. Bayes after his decease to found a Memorial Ward, and amounting to £1,440, and the Bayes' School Fund amounting to £1,452 4s. Od., the interest of which, under a resolution of the subscribers to the Medical School, is applicable to the maintenance of Bayes' beds, so long as it is not requisite for the purposes of the Medical School. The interest on these sums will form an income on account of the new ward amounting to £112. To prevent, however, the recurrence of the debts and struggles of former years, the Board have earnestly appealed for such help as will justify them in commencing this additional work among the sick poor, without running the risk of incurring expenses they are unable to meet, or the undesirable expedient of encroaching on the reserve funds. They fully believe that this will be placed in their power by gifts and donations, by new or increased annual subscriptions for the special purpose in view, and by the annual or perpetual endowment of memorial beds."

The report then alludes to the opportunity offered by the opening of a new ward for "In Memoriam" or endowed beds. The yearly subscription for an endowed bed being £85, and the

sum requisite for a permanent endowment being £1,000, and records the intention of a benefactor of the hospital to endow three beds in the new ward.

The state of the Nursing Institute is next described, and we are glad to note that it fully maintains the position which it had reached at the date of the last annual report, and, "notwithstanding that at one period of the year a noticeable diminution in the number of applications for Nurses took place (an experience shared, it appears, by nursing establishments in general), the average number of nurses employed on out-nursing duty has been for the year 16, against 14 for the previous year. At the same time the total nursing receipts for the year are somewhat less than those of the financial year 1884-5, namely, £1,185 15s. against £1,855 15s., the difference being due to two causes—the receipt of a very large payment early in the last financial year, and some recent abatements necessarily made in certain cases as to the scale of fees. Looking to the general decrease in the demand for nurses during a portion of the year which has, however, since given way to a normal and satisfactory state of things, the Board have to express themselves gratified with the present position of the Nursing Institute and its abundant promise of extreme value, in more ways than one, as an adjunct to the field of the hospital work. The reputation of the nursing of the hospital extends beyond the limits of the homoeopathic section of society, and those who know the value of properly trained nurses, not only to the sick, but even to their medical advisers and relatives, will hardly require to be reminded how important it is that a knowledge of the excellent and efficient arrangements for private nursing now in operation at the hospital should be widely diffused."

The income from subscriptions appears to have been somewhat less than it was during the preceding year, £100 having been lost by deaths or reductions. The donations, also, excluding one gift of £500 applicable only to a special purpose, are somewhat less than during last year, though considerably in excess of that which preceded it.

The expenditure of the year has been higher under those domestic items which are intimately associated with the increase of patients and the nursing staff, the total ordinary expenditure being £4,616 6s. 9d. as against £4,282 5s. 6d. in the previous year. The difference, £334 1s. 3d., is occasioned chiefly by increased expenditure for provisions and domestic necessaries, the increase under those heads being £817 2s. 10d. Taking into account the marked increase in the number of in-patients, the increase may be fairly regarded as normal. On the majority of the other items of the expenditure there has been a decrease.

Notwithstanding the considerable increase in the number of

patients on the one hand, and the somewhat diminished receipts from subscriptions, nursing and other sources on the other, the balance of income over that of expenditure is £82 Os. 5d. These figures form an eloquent testimony to the excellent judgment displayed in the management of the hospital.

The award to the Hospital from the Metropolitan Hospital Sunday Fund for the year shows an increase, being £188 19s. 2d. against £120; that of the Hospital Saturday Fund also shows an increase, being for the year under review £75 10s. against £51 9s. 7d. in the previous year.

The next paragraph details the legacies which have been reported to the Board during the year, several of which have been received. These are as follows:—One fifth of the amount realised by the purely personal estate of the late Mr. J. Merrit comes to the hospital in reversion; Miss M. Wilson left £100 (duty free); Mr. Bentinck, £1,000; Mr. J. Alexander, £1,000 (duty free); Miss E. Berner £200 (duty free). Further sums of £60 and £55 from the bequest of Lord H. Seymour to the hospitals of London and Paris, and a sum of £77 12s. 10d. from the estate of Miss Milton.

We are glad to learn from the report that an increasing number of students and practitioners of medicine avail themselves of the opportunities offered in the wards and out-patient rooms of studying homœopathy.

The delivery and subsequent publication of the Hahnemann Oration, by Dr. Dyce Brown, are mentioned.

The usual arrangements for the delivery of lectures on *Materia Medica*, Practical and Clinical Medicine during the Summer, and of the Hahnemannian Oration at the opening of the Winter Session have, we are informed by the report, been made.

On the subject of the Prize Essay on Homœopathy, to which frequent reference has been made in this *Review*, the report says:

“It has appeared to them a desirable object to bring the truths of Homœopathy, many of which are self-evident, and are being incorporated, in a more or less acknowledged form, into all classes of practice, before the minds of medical practitioners generally in a manner not calculated to revive jealousies nor to excite unnecessary and useless controversy. To accomplish this desirable end, Major Vaughan Morgan recently offered a prize of twenty-five guineas for the best essay on Medical Treatment with special reference to the scientific system of Hahnemann, leaving the title and mode of treatment to the competing essayists, and providing every precaution against the names of the writers being known before the adjudication shall have been completed. The last day for receiving the essays was 10th April (the birthday of the founder of Homœopathy), and up to that time thirteen papers have been received. The adjudicators are five in number, three

chosen from the Board of Management of the Hospital, and two from the British Homœopathic Society. The intention of the Board is to print and circulate an edition of 50,000 of the successful essay, including the entire body of the medical men of the United Kingdom; and, while Major Vaughan Morgan generously provides the prize, the Board are glad that the School income enables them to undertake the extensive work of printing and circulating, a work which they cannot doubt will do much to spread a true knowledge of Homœopathy in a much wider manner than has been before attempted by the school."

The vacancy caused by Dr. Mackechnie's resignation was filled by Dr. Byres Moir's appointment, and Dr. Ivory Anderson has also been placed on the internal medical staff. Dr. Charles Renner has succeeded Dr. Laing in the out-patient department. Dr. Alexander H. Croucher having completed his term of appointment as house-surgeon, has been succeeded by Mr. Hermann G. Hilbers. Dr. Moir and Dr. Anderson have been added to the medical council.

The following table shows the increase of in-patients during the past three years.

	1883-4.	1884-5.	1885-6.
In-patients ...	543	656	675

Of the Durning Endowed Beds the report states that "they continue to bestow their unique benefits upon the specially chronic and almost hopeless cases for whom they were designed, and for whom no provision is ordinarily made in hospitals. The following analysis of the cases in the hospital during the last year will give, when their chronic nature is remembered, a slight conception of the great practical advantages these beds bestow upon their occupants.

	Discharged.	Remaining to date.
" Cured ... ..	18	0
" Much improved ... ..	5	6
" Improved ... ..	2	1
" Unimproved ... ..	3	1
" Died ... ..	2	0
	25	8

88."

The other endowed beds are the "Barton," the "James Torrance Gibb," the "William Henry Bedford," the "Percy Mitford," the "Bayes," and the "Gordon," in memory of General Gordon. The Board then record their grateful thanks for the honorary services rendered to the hospital by Messrs. Gedge, Kirby and Millett, solicitors, Mr. Alfred Robert Pite, architect, and Messrs. Gould and Sons, chemists, who supply

medicines to the hospital gratuitously, and to the Lady Visitors. After briefly noticing the Christmas Tree entertainments and the Concerts, in the enjoyment of which patients, nurses, and friends have shared, the report concludes as follows:—

“In calmly surveying the events of the past year, and more especially with reference to largely-increased work among the poor, which the hospital has been able to accomplish through the liberal support of many of its tried friends, they recognise signs of progressive usefulness, which inspires the Board of Management with highest hopes for the future.

“The generous response to their recent proposal to secure means for furnishing and maintaining the New Ward is most encouraging. In undertaking new responsibilities, they will, by the contributions already received and others expected to follow, be free from the harassing anxieties of former years. In closing this brief retrospect of the past year they humbly implore a continuance of Divine favour, and cannot too earnestly express their profound thankfulness that the London Homoeopathic Hospital has, in their judgment, been now established on a solid basis, and its future prosperity and permanence assured.”

The Lord Ebury said: It now falls to my duty to move the adoption of the very full report which has just been read. In doing so I must say that I have never listened to a report which has given me more pleasure, or which recorded a more satisfactory state of things. I feel that we owe much to the Board of Management for presenting to us such a report, so full of information and interesting details. I offer them my own personal thanks for that statement. It is quite unnecessary to make a speech in proposing its adoption. It cannot do other than command the approbation of all who have listened to it. I am very glad to have come here to-day—(hear, hear)—and did so partly on account of the regard I have for this hospital with which I have had so long an acquaintance, and which I have watched in its progress through troublous times, as my friend Major Vaughan Morgan knows, to its present state of great improvement. But I had an additional reason, which was to present myself to you in my new capacity of President of the hospital. (Cheers.) As you have heard in the report, I have been promoted to the position of President, and I have come to see whether you will accept me in that capacity. (Much applause.) I cannot lay claim to any merit in regard to the report of the Board of Management, for I have not assisted in drawing it up, and I am therefore free to speak of it in terms of eulogy. It goes a great deal into the future, and gives a great deal of promise. Well, it does seem that by God's goodness we shall be able to present to the Metropolis a hospital giving the medical profession good evidence of what the value of



homœopathy in the treatment of disease really is, so that if they will only resign their prejudices we may hope that, in a reasonable time, we shall witness many more conversions to the science originated by Hahnemann, and much improved by the labours of the British Homœopathic Society and the discoveries of medical men in America, since that science was first brought to this country by our friend Dr. Quin, whose portrait I am glad to see adorning these walls. Of the great efficiency of homœopathy I am myself an excellent example. (Applause.) Turning again to the affairs of the hospital, we are all much indebted for its present condition to the merits of an excellent treasurer and chairman, Major Vaughan Morgan—(applause)—who seems to have the faculty of succeeding in everything he undertakes. I have much pleasure in moving the adoption of the report.

Major VAUGHAN MORGAN said: I rise to second the motion just made by our noble President, and would explain that in inviting, in our report, ladies to come and visit the hospital, we do not refer to ladies who, like Lady Ebury, devote much time to its concerns, with great benefit to the patients, but to ladies who, in the most generous manner, send us liberal donations, but very seldom pay the hospital a visit. We want people to come and see for themselves the nature and extent of the work which is being done. But for the information of those who do not do that, we have drawn up a very full report, so that anyone who will read it will really learn as much about the present position of the hospital and its work during the past year as we know ourselves. (Hear, hear.) We have heard about the munificence of that most generous friend of the hospital, Miss Durning Smith, who has endowed in perpetuity six beds for chronic cases. (Applause.) Well, that lady has visited the hospital, and is so satisfied with the ample use made of her endowment that she has again munificently promised to maintain three beds in our new ward for men—(loud applause)—and, with the utmost consideration, has attached no condition, thus throwing the beds open for the general advantage of poor and sick men. (Applause.) Another lady, also a good friend to the hospital, has, I am informed this morning, left us £800, duty free, and we have no reason to complain of the manner in which funds are given by the friends of the hospital for the support of our new ward. There is the Henry William Bedford cot, referred to in the report, supported by Mrs. Bedford, and a most gratifying feature of our children's ward. Also the "Gordon" bed, endowed in memory of General Gordon—(hear, hear)—an endowment which we have no right to expect will be continued, but as to which we indulge earnest hopes, notwithstanding. That leads me to our four beds supported by special annual subscriptions—one for a man, one for a woman, one for a girl, and one for a boy. The total in subscriptions which we

want annually to support these beds is £120, and this year we have only received £111, so that we are really wanting a few more annual subscriptions for them. There is one subject on which I would like the special attention of the meeting. During the year a movement has been set on foot to secure for charitable institutions an Act of Parliament exempting them from the payment of local rates. It may be known that such institutions are already exempted from the payment of Queen's taxes, and it is only a few years since that they were also exempted from the payment of poor's rates. That a charity should be called upon to pay, out of its subscribed funds, rates for the support of the country's paupers, for local improvements, for the police and for the School Board is felt to be a very grave injustice. (Hear, hear.) Many journals of all kinds have taken the subject up with great warmth, and a society has during the year been originated, called the Charities Rating Exemption Society. Our secretary, Mr. Cross, has been in the forefront of the movement—(hear, hear)—and the Society have paid him the compliment of asking him to act as its Honorary Secretary. (Hear, hear.) Many other hospitals and other charities are associated with it, and, as he is a homœopathist, and the secretary of the Homœopathic Hospital, I need not say that that request has been made to him on his merits. (Applause.) Before I sit down I should like to refer to the Nursing Institute, the receipts from which, though slightly less than the total shown last year, are on the whole satisfactory. During the year we have had an average of sixteen nurses engaged in private nursing, and when I remind you that in the year 1875 our average on out-nursing was three, you will admit that we have made a substantial and gratifying advance in that most important department. I should also like to refer to the lamented death of Dr. Neville Wood, whose name has been associated with our hospital ever since its foundation. Soon after his decease, some patients and friends thought that some memorial should be established to his memory, and I was asked whether the endowment of a bed in the hospital would not be the most suitable form. I need hardly say what my reply was. But as a fact funds are being collected with a view to such a Memorial Bed, and I have consented to act as Treasurer. (Hear, hear.) I can only add my pleasure at the progress of the hospital and its manifest popularity. A few years ago it was indeed very little known, but at the present time I think few residents, in London at least, can have failed to hear of its existence and work. I have much pleasure in seconding this proposition made by Lord Ebury.

Dr. YELDHAM, in proposing a vote of thanks to the Board of Management, said he would make only one observation, and that

in reference to the Nursing Institution. That useful and important department had been established in its present form only a few years, and it had grown and developed in a most gratifying manner under the fostering care of the Board and the Lady Superintendent, and it was now generally admitted that it stood A 1 amongst institutions of the kind in London. He had watched with great pleasure the very efficient manner in which the nurses discharged their duties in cases where they were employed amongst his own private patients. He had recently had a most gratifying example of this in a dangerous case of illness in his own family, and he did not hesitate to say that the happy issue of the case was in a great degree attributable to the unintermitting care, watchfulness and attention of one of their nurses. He felt sure that their homœopathic brethren—both lay and professional—could hardly render a greater service to the hospital and the public than by availing themselves of every opportunity to promote the prosperity of their nursing institution.

Dr. DUDGEON had great pleasure in seconding the motion, and said he thought they might say that the Board of Management had by its careful control brought their hospital to such a flourishing state that it was really equal, if not superior, to many others, except, perhaps, the endowed hospitals. (Hear, hear.) Still, in his opinion, it was not nearly so large, so rich, so flourishing as it ought to be. They ought to have a hospital of at least 150 beds, and without that he doubted whether they would ever make that impression on the medical public to which the noble chairman had so very hopefully alluded. To such a hospital they could point with satisfaction. Homœopathy, however, being truth, must in the end prevail, and he rejoiced to think that their hospital had done and would continue to do its share in the work.

The motion was then carried.

The re-election of those members of the Board retiring by rotation, the election of the new members of the Board, votes of thanks to the members of the Medical Staff, the Lady Visitors, the Solicitor, Architect, Chemists, and to the Lady Superintendent were then proposed and carried, when

The CHAIRMAN announced that that was the last resolution, but

Mr. CHAMBER said he could not concur in that statement. He had a resolution to propose which he felt sure the meeting would regard as at once a duty and pleasure to support. It was a vote of thanks to Major Vaughan Morgan. (Applause.) Any words of his would fail to express the sense he entertained of the great value of Major Morgan's services to homœopathy and the hospital. They had worked together for many years,

and he gladly testified that it would be difficult indeed to find a man who had done so much and with such hearty goodwill and energy—(applause)—while few would be found endowed with so generous a spirit. His donations to one fund or another were constant—in fact, there was no end to them. He had no doubt the meeting would carry his proposition with acclamation. (Applause).

Dr. DYCE BROWN said he not only rose with extremest pleasure to second the proposition, but he quite envied Mr. Chambre the opportunity of moving it. There could be but one opinion as to its propriety. Major Vaughan Morgan was a model Chairman. Whatever of time, labour, and personal generosity was called for in the work of this hospital, he was always found willing to supply. His generous gift of £1,000 to the fund for maintaining a new ward was a sufficient example of munificence. But a couple of years ago he even surpassed it in an act of devotion to homœopathy, when he offered to St. George's Hospital a sum of £5,000 under conditions, perfectly reasonable, but which was, unfortunately for science, declined.

The vote was then put, and carried with acclamation, Major VAUGHAN MORGAN expressing his great pleasure in doing what he had been able to do, and his willingness to continue to work heartily for the good of the cause.

The meeting then terminated with a hearty vote of thanks to Lord Ebury for his kindness in presiding over the meeting.

## NOTABILIA.

### INTERNATIONAL HOMŒOPATHIC CONGRESS.

It was with great astonishment that, a fortnight since, we received a copy of a circular, issued by a committee appointed by the Association Centrale des Homœopathes Belges, informing us that the congress, for holding which they had undertaken to make arrangements, would not take place. The reasons assigned for this sudden abandonment of the duties that had been undertaken are apparently three in number. 1st.—The majority of the foreign colleagues who had promised assistance found themselves, at the last moment, from one cause or other, unable to fulfil their engagements. 2nd.—The number of essays sent in was regarded as being too small to furnish sufficient discussion, and 3rd.—There is going to be *Une Grande Exposition Universelle* in Paris, in 1889, and the Congress is postponed by the Association Centrale des Homœopathes Belges, until then!

As the Association did not appoint 1886, and Brussels, as the year and locality in which the International Convention should be held, so they have not the power to postpone it until 1889,

and alter the *venue* to Paris. Under these circumstances, Dr. RICHARD HUGHES, of Brighton, the permanent secretary, and only official representative of the convention of 1881, has undertaken to organise the convention at Brussels, to collect the papers and to make every arrangement for the meetings. Every one will, we are sure, admire the courage—the genuine English pluck which never says die—with which, at this late period, Dr. Hughes has come to the rescue and resolved on carrying out the behests of those he represents. We therefore call upon all who have it in their power to aid our colleague, Dr. Hughes, in making this gathering a success, to support him. Essays will be wanted—money will be required—and then we must support Dr. Hughes at the meeting, and cross over to Brussels on the 2nd of August. Dr. Hughes will receive contributions in the form of papers, and Dr. Dudgeon in that of money. The following letter from Dr. Hughes fully explains the position :—

*To the Editors of the "Monthly Homœopathic Review."*

Gentlemen,—At the Convention held in London in 1881, it was determined to hold the next meeting at Brussels with the view of providing a central and neutral place at which the Continental homœopathists (hitherto so sparsely represented at our gatherings) might meet one another and their British and American colleagues. I was desired to act as permanent secretary of the Convention, and in that capacity I communicated the choice made to Dr. Martiny, editor of the *Revue Homœopathique Belge*, requesting him to make it known to the homœopathists of Belgium. In due time I learned from him that the *Association Centrale des Homœopathes Belges* had accepted the task of organising the meeting, and had appointed a committee for the purpose. To this body, accordingly, I made over my responsibilities, putting myself at their disposal for any counsel or assistance they might require.

I now learn, to my great regret, that our Belgian colleagues find themselves unable to complete the task they have undertaken. Disappointed at the paucity of men and material with which they are threatened they declare the Congress impracticable, and wish to adjourn it to 1889, making Paris its seat, on the occasion of an Universal Exhibition then to be held. It seems to me that this proposal cannot be accepted. Our International Conventions must be regularly quinquennial if they are to be kept up at all; and the reason for preferring Brussels to Paris on this occasion continues to hold good. Many of us have made our arrangements to attend: our own British Congress has been omitted this year to enable us to do so; and it is most undesirable at this late hour to change the plans determined on.

I therefore feel it my duty to maintain the resolution entrusted to me to be carried out, and, in default of the homœopaths of Belgium, must myself take the initiative in its execution.

I accordingly give notice that the International Homœopathic Convention of 1886 will be held at Brussels on Tuesday the 3rd, Wednesday the 4th, and Thursday the 5th of August next; the first day to be devoted to general considerations bearing on homœopathy, the second to *Materia Medica*, and the third to *Clinical Medicine*. The exact place and hours of meeting shall be announced in your next issue.

Being called upon thus late to organise the Convention I earnestly appeal to my colleagues throughout the world for their co-operation and assistance. Let those who are able at once send the papers on the subjects mentioned as those to be considered, and—as funds will be required—the contributions of all those who desire to see the Convention adequately carried out are hereby solicited. Dr. Dudgeon, of 53, Montague Square, London, W., has kindly consented to act as treasurer, and will receive and thankfully acknowledge all moneys sent for the purpose. If a united effort is thus made, the Convention of 1886 may not be unworthy of its predecessors in 1876 and 1881.

Begging you to insert this letter in your journal,

I remain,

Yours very faithfully,

RICHARD HUGHES,

Brighton, May, 1886.

Permanent Sec. Inter. Hom. Con.

Since the foregoing letter went to press we have received the *Allgemeine Homöopathische Zeitung*, of the 18th ult., and regret to find that the editor of that journal and an anonymous correspondent endorse the action of the Belgian Association, and, what is more serious for the prospects of Dr. Hughes's work, it is stated that the meeting of the *Homöopathischer Centralverein Deutschlands*, which, like our British Homœopathic Congress, had been postponed to make way for the Congress, will now be held as usual at Frankfort.

"Dr. Y.," the writer of the letter referred to, thinks that the assembling of homœopathic practitioners from all countries, at definite intervals, most wholesome, and, if properly carried out, a great advantage. Then why not convene such an assembly and carry it out properly? He also agrees entirely with the idea of giving homœopathic practitioners of different countries an opportunity of interchanging thoughts suggested by their practical experience; with the view that such an assembly would tend to keep us *au courant* with the state of our art in different parts of the world, and he also thinks that it would tend to show

our opponents that we form at any rate a respectable minority. Then why not hold the Congress?

Because, says "Dr. Y.," the constant state of contention in which we live, the necessity imposed upon us of fighting for our existence, deprives us of the calmness needed for devotion to scientific work. The very best work ever done for homœopathy was performed when the opposition, the personal, professional opposition to the representatives of homœopathy was ten-fold greater than it is now. The volume of *Transactions* published at the conclusion of the Convention held in London in 1881 is ample evidence that we have sufficient calmness for devotion to scientific work, if we possess sufficient interest in it to undertake it. Where there's a will there's a way! The conspiracy of silence is in full force, but the persecutions are far less frequent, and the denunciations much less noisy and infinitely less effective than they were thirty years ago.

The attendance, "Dr. Y.," thinks, will not be sufficiently numerous to be as imposing as the importance of homœopathy demands that it should be. This may be true enough, and yet the attendance be very satisfactory, when it is remembered that as "Dr. Y." states, "the number of homœopathic practitioners is a very limited one." "We cannot," he further says, "compete with the general Medical Congress, with its three or four hundred visitors from all parts of the world." Of course we cannot; but if we consider the relative numbers of the members of the profession practising homœopathy, and of those who practise empirically, a Congress of 50 homœopaths would form a very good comparison with one of 400 of the other side.

Then "Dr. Y." thinks that the Congress should take into consideration not merely scientific work, but the external position of homœopathy. We see no reason why it should not do so, and, as he says, consider "the tactics to be adopted" against the opposition to homœopathy. For this, he tells us, a "stiffer organisation" is wanted. The organisation is, we can assure our German colleague, as equal to this as it is to the attainment of scientific ends.

What is required to render the Congress a success is a shaking off of the apathy and an arousing from the lethargy which have fallen upon the representatives of homœopathy on the Continent of Europe of late years, and more especially upon those in Germany and Austria. A little more life, a little more energy—aye! we might say a good deal more life and a good deal more energy—must be displayed by our Teutonic colleagues if homœopathy is to be as fully developed and as widely popularised as our and their conviction of its supreme importance to the public weal assures us that it ought to be.

Nowhere can the apathy which comes of solitude and naturally

follows the disappointment arising from long years of contending for the truth among men who rigidly close their eyes and their ears to our efforts to make it known to them, be so thoroughly shaken off as at a Congress.

We urge our Belgian, French and German colleagues, then, to bestir themselves, and cordially to respond to the effort Dr. Hughes is engaged in making to bring about a *réunion*, at which, while discussing topics of grave importance to us, not only as medical men, but as witnesses for the grandest and most far-reaching therapeutic truth that the work of this century has produced, the pleasures and advantages of social intercourse will not be wanting.

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#### BAZAAR IN AID OF THE FUNDS OF THE LONDON HOMŒOPATHIC HOSPITAL.

We desire to remind our readers that the bazaar to assist the board of management to open the Bayes' Ward, will take place in that ward at the hospital, on Friday and Saturday next, the 4th and 5th inst. A large collection of useful and fancy articles will be displayed on the various stalls. The fine art exhibition will be especially attractive. We trust that the Board will meet with a very large share of support in endeavouring to add to the usefulness of an institution which all admit is so well managed by them, and to the support of which they contribute so generously.

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#### THE HOMŒOPATHIC LEAGUE.

We have received from Dr. EDWARD MADDEN, the hon. secretary of the medical board of the Birmingham Homœopathic Hospital, a copy of some correspondence which has passed between him—writing on behalf of himself and his colleagues on the medical board—and the hon. secretary of the Homœopathic League. A portion of this appeared in our contemporary, *The Homœopathic World*, last month. We need only, therefore, give the substance of it here.

The medical staff of the hospital are of opinion that any appeal to the public on behalf of the claims of homœopathy should proceed from a body of laymen. They also think that the cause of the unfair policy of the old school is due to the almost complete ignorance of the rank and file of that school, as to what homœopathy is, and that, as a first step, some short pamphlet, explanatory of the true nature and limits of homœopathy, should be circulated among the members of the profession. They also agreed to assist the League so far as giving away leaflets to patients was concerned.

In reply to their letter containing these views, the hon. secretary of the League wrote to the effect that the committee quite felt that the movement should be conducted by laymen, but that



it was necessary that it should be initiated by members of the profession. The medical staff of the Birmingham Hospital in reply, again urged that the primary efforts of the League should be directed to the profession, and that any popular movement should be left to laymen. They, however, passed the following resolution: "That for the present we do not formally join the League, but that we shall endeavour to carry on the work of the League in this district, on lines approved by ourselves, by purchasing pamphlets from them for distribution at our own expense."

Dr. Gibbs Blake also undertook during his visit to London this summer to have an interview with the Committee of the League and to endeavour to establish a *modus vivendi* with it.

Upon the opinions expressed in this correspondence, we would merely say, that if our colleagues in Birmingham, or anywhere else, can devise any plan by which we can bring the case for homœopathy under the notice of our medical brethren more effectively than we have done during the last fifty years, we shall be very glad to hear from them. With their eyes and ears rigidly closed against seeing or hearing anything in favour of homœopathy, and with the usual channels of communication with them shut against us, this is no easy matter. The truth of homœopathy rests upon a basis—a very wide basis—of carefully ascertained facts: facts which are perfectly capable of having their value and meaning estimated by educated people. They all point to the conclusion that, under homœopathic treatment, disease is less frequently fatal, its duration is much shorter, and the probability of acute illness developing into chronic disease well nigh infinitely less than when empirical measures are resorted to in order to obtain relief.

It is to the general public, to the patient-world that these facts are of supreme importance. Because medical men stupidly refuse to examine them and test them does not constitute a reason why the public should be kept in ignorance of them, in deference to mistaken notions of professional decorum and under the fear of our motives being mistaken. *Honi soit qui mal y pense!* We are under obligations to the public as well as to our medical brethren; and the Homœopathic League has been established in order to afford us more ample opportunities for fulfilling them.

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#### PRIZE ESSAY ON HYDROPHOBIA.

In the end of 1884, the prize of £80, which had been offered for the best essay on hydrophobia by the liberality of the late Dr. Prater, was again offered, as the response to the original offer had resulted in but one essay, and that one which made no attempt to comply with the third clause of the prospectus of terms,

and was consequently disqualified. The essays were to be sent in to Dr. Dyce Brown, by October, 1885. Two excellent essays were sent. The decision has been, we regret to say, postponed longer than was intended, the delay having been caused in the first instance by the unavoidable press of professional occupation on the part of the judges, and afterwards by the difference of opinion that was found to exist. The judges were Drs. Pope, Hughes and Dyce Brown. Both essays were considered exceedingly good, and both up to the prize standard. One of the judges considered No. 1 superior to No. 2; the opinion of another was the reverse of this; while the third considered them so nearly equal in merit, that he hesitated to give the casting vote, and all were adverse to dividing the prize. Under these circumstances Dr. Dudgeon kindly consented to examine the essays. He has done so, and the result is that the prize has been awarded to John Davey Hayward, M.D. (Lond.), the son of our well-known and esteemed colleague in Liverpool. The motto he selected was "*Aut riam inveniam aut faciam.*" The other essay, which was an admirable one, had for its motto, "*Miserrimum genus morbi,*" is by George Scriven, M.D., B.Ch., (Dublin), the son of another valued colleague in Dublin, and formerly house-surgeon to the London Homœopathic Hospital. We congratulate both gentlemen on their essays, and we are pleased to note that Dr. Hayward and Dr. Scriven have sons possessing such excellent talents, following in their practice and footsteps. We shall hope to hear more of both these gentlemen, and to receive from them further contributions to our literature. We intend to publish the prize essay in the *Review*.

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#### BAZAAR IN AID OF THE FUNDS OF THE BIRMINGHAM HOMŒOPATHIC HOSPITAL.

A very successful Bazaar in aid of the funds of this Institution was held on the 11th, 12th, 13th and 14th of last month in the Town Hall. In addition to a large variety of articles spread upon half-a-dozen stalls, the Royal Marine Artillery Band performed during the afternoon and evening of each day, and numerous "entertainments," among which the performance of a farce entitled "*Bella Donna, or the Homœopathic cure for Love,*" by Henry Hyoscyamus, N.I.G.," a "Drawing-Room Entertainment," or Thought-Reading Séance, an exposition of the Spectral Head, a ventriloquial exhibition and Christy Minstrels, took place more or less frequently. A Shooting Gallery was also arranged in the basement of the building. The Bazaar terminated with a recital on the Grand Organ by Mr. J. Stimpson. The different arrangements for the event were set forth in an elegantly got-up programme.

Very rarely, we should imagine, has so great a variety of

attractive amusements been arranged at any bazaar as at this. The net result to the funds of the hospital of all this labour, ingenuity, and fun is the handsome sum of £1,140, and this notwithstanding that it rained in torrents during the whole week. We congratulate the friends of the hospital on their brilliant success.

### AN INQUEST—NEMESIS!

Nothing so obscures, distorts, and ultimately paralyses a man's power of judgment as passion. Under the influences of envy, hatred, and malice men perform alike the most foolish and the most criminal of deeds. It is simple hatred—ignorant stupid hatred—that inflames nine-tenths, and indeed far more than nine-tenths of those medical men who think that they will extirpate the wide-grown, and still increasing, public feeling in favour of homoeopathy by the mere announcement that they have "a perfect horror" of it, and by showing that it is ever in their power to find ways and means for inflicting annoyance and pain upon some, at any rate, of those among the public who have "a perfect horror" of the "physic-giving" of the ordinary general practitioner.

The latest specimen of this kind of man who has appeared in public is a Dr. Roberts, of Sydenham, who advertises in the local papers his readiness to see and provide medicine for cases of disease of the throat and chest among servants and working people at eighteenpence each! "Special consultations," which we take to mean giving advice and medicine to the "nobility, gentry and clergy," are, however, three and sixpence more—5s. to wit!

It appears that a lady about 80 years of age, the daughter of a retired officer of the Indian Civil Service, died after a long illness of phthisis pulmonalis at her father's residence on the 28th April. During this illness, extending over two years and a half, Dr. Fleury, of St. Swithin's Lane, Dr. Bird and Dr. Brigham, of Sydenham, Dr. Scott, of Bournemouth and, finally Dr. Roberts, of Sydenham, had seen and prescribed for the patient. Dr. Fleury, however, is by some people supposed to practise homoeopathy. He saw her on the 26th of March, and advised her going to Bournemouth to avoid the severe weather prevailing at that time, prescribing for her the *iodide of arsenic*. When there, Miss Mackenzie consulted Dr. Scott, who continued the *arsenical* preparation, but in somewhat reduced doses. At this time it was but too apparent that the patient could not live long, and accordingly she was removed home and Dr. Roberts called in. She died within four days; and Dr. Roberts it appears, from a statement by the Coroner, having told the Registrar that "death was due to *arsenical* poisoning," an enquiry became im-

perative. The interesting part of this case is Dr. Roberts' evidence. We quote it from the *Sydenham and Penze Gazette* of the 8th ult.

"Dr. Roberts, of 9, Sydenham Park, deposed that he was called to visit the deceased on Sunday, the 25th ult. He saw at a glance that the patient was in a dying condition, and he gave his opinion as such. He asked what the deceased had been taking, and he was told *iodide of arsenic*. The symptoms were consistent with arsenical poisoning. It was impossible to make a proper examination of the chest, but it was easy to discover that both her lungs were involved. As she was in a sinking state he gave her a slightly stimulating draught and a mild sleeping draught, which gave her three hours' rest. He saw the deceased again on Tuesday, but when he was again called she was dead.

"The Coroner: Do you attribute death to arsenical poisoning?"

"Witness: It is difficult to say.

"The Coroner: But that is what your statement implies. What certificate would you have given?"

"Witness: I should have given a certificate that she died from pulmonary disease attended by symptoms of arsenical poisoning.

"The Coroner: Did you know why *arsenic* was given?"

"Witness: I know it is a remedy homœopaths use largely.

"The Coroner: Well, do you approve of it?"

"Witness: Most certainly not in this case.

"The Coroner: Do homœopaths prescribe it for affections of the lungs?"

"Witness: I don't know except by report.

"In answer to further questions,

"Witness said *arsenic* was a valuable medicine in some cases, but he was not aware of its being used for pulmonary diseases. He sometimes prescribed it in small quantities.

"The Coroner: If the deceased had been suffering from anything beside pulmonary disease it might have been right to prescribe *arsenic*?"

"Witness: Undoubtedly. It is chiefly given in cases of malaria and ague.

"A prescription was here handed to witness, and the Coroner asked him whether the *arsenic* therein ordered would be sufficient to cause death, to which the witness replied that he should say not, but still it would produce the symptoms of arsenical poisoning that he had witnessed.

"The Coroner: Do you think that a right prescription to have given in this case?"

"Witness: I should not myself have given it; that is all I can say.

“The Coroner : Do you approve of homœopathy ?

“I don't like to offer an opinion. I have a perfect horror of these things. These men are entitled to practise as they think best. The evil lies in the fact that people practise who know nothing whatever about medicine ; they obtain these things and distribute them broadcast.

“In answer to further questions witness said he thought the medicine in this case was given in good faith. He did not blame anybody, but the abnormal symptoms which he noticed led him to make enquiry.

“The Coroner : Do you think deceased was in a fit state to be removed from Bournemouth ?

“Witness : Certainly not ; I should have prohibited it.

“Dr. Roberts further explained that it was not through any desire of his that this enquiry was held. He met Mr. Phillips, the registrar of deaths, and mentioned the case to him with the view of getting it registered, and Mr. Phillips communicated with the Coroner. If he had given a certificate in the usual way, he must have given it in such a form as would inevitably have led to an inquest.”

Dr. Roberts is, it will be seen, a cautious man to a certain extent. He told the Registrar that the patient showed “symptoms of arsenical poisoning,” and he withheld a certificate—he did not refuse to give one ! This ensured an inquest on a patient who died shortly after having taken medicine prescribed by a physician believed to be practising homœopathy. Evidence might possibly be obtained which could be used as a handle against the system in the district which enjoys the advantage of having the services of Dr. Roberts to fall back upon when seriously ill ! At the same time, when the enquiry took place, there would be no necessity for Dr. Roberts to assert what he knew perfectly well that he could not prove, so when asked point blank whether he attributed death to arsenical poisoning, he replied that it was “difficult to say.” Of course there was no real difficulty about the matter ; but then there must be some excuse for holding an inquest, while the obligation to prove *arsenic* to have been the cause of death must be evaded. So whether death arose from *arsenic* or not Dr. Roberts was scarcely at liberty to state ! When asked if he approved of giving *arsenic* in such a case as that of Miss Mackenzie—a case of phthisis—he became emphatic, and replied, “most certainly not.” Here he thought he was at home ! Dr. Roberts said that he was not aware that *arsenic* was used in pulmonary disease ! That is very likely, albeit Dr. Roberts is the self-appointed physician to a self-(Dr. R.'s self) supporting Dispensary for Diseases of the Throat and Chest ; but it is used all the same. Physicians who prescribe medicine from a scientific stand-

point have been in the habit of using *arsenic* in some forms of pulmonary disease for 70 or 80 years. In 1878, Dr. Nankivell, of Bournemouth, published his experience of the value of the *iodide of arsenic*, given in doses of the 1-500th or 1-1000th of a grain, two or three times a day, in some forms of phthisis. Though this knowledge was open to all it was accepted and used only by scientific therapeutists. Latterly, however, physicians of the empirical school have adopted it, and one of the most eminent of them—Dr. Sidney Ringer—in the 1883 edition of his *Handbook of Therapeutics*, says:—

“*Arsenic* has lately been extolled in phthisis and tuberculosis. It is said to improve the appetite, increase assimilation, lessen expectoration and cough, and to promote the cicatrization of cavities. It is stated that it will reduce the temperature in tuberculosis, and after carefully investigating this subject I am inclined to believe so. At least, I have frequently observed a steady and sustained fall of the thermometer follow the use of *arsenic* in cases where the undue temperature has continued unchanged for a considerable time, and this I have known happen twice or three times in the same case on reverting to *arsenic* after it had been discontinued. The decline generally takes place gradually, and may begin soon after taking the *arsenic*, or the fall may be postponed for ten or twelve days. Moreover, I have seen children in a hopeless state with severe tuberculosis—involving lungs, intestines and peritoneum—steadily and slowly improve and ultimately recover under *arsenic* treatment, and I have observed a like result in adults with phthisis in the sub-acute and chronic forms.” (p. 812).

Perhaps it would be expecting too much to look for knowledge of this kind in Dr. Roberts. Dr. Scott, of Bournemouth, albeit no homœopathist, but only practising empirically, had it however, and continued Dr. Fleury's medicine. Mr. Mackenzie, not unnaturally, thought this was strange “if *arsenic* was not the proper remedy.” He also volunteered the opinion that Dr. Roberts did not understand his daughter's case. Here we think him mistaken; Dr. Roberts understood the case, but not the more modern treatment of pulmonary disease of that type. He saw that the patient was moribund, that the prescription, the medicine ordered in which she was taking, was written by a supposed homœopathic physician, and that this medicine was *arsenic*. What more simple—being quite ignorant that anyone save a homœopathist ever thought of giving *arsenic* except in “malaria and ague”—than by a little innuendo manœuvring to get up an inquest? Suggest that the death was owing to the medicine of a homœopathist, and thus give homœopathy its “death blow” in Sydenham! That doubtless was the idea suggested and the result expected from the development of it. “Nemesis,” however,

was there as usual ! The only result of the inquest has been to show that, in the opinion of the father of the patient, Dr. Roberts did not understand the nature of the case he had to deal with ; that on his own evidence, notwithstanding his experience at the eighteenpenny Dispensary for Diseases of the Throat and Chest, he is proved to be entirely ignorant of much of the modern treatment of pulmonary disease ; that he knows nothing of homœopathy or scientific therapeutics, but nevertheless has " perfect horror " of it ! If ever man was " hoist by his own petard " that man was Dr. Roberts, of Sydenham Park, on the 1st of May last !

#### ADONIDIN.

" This drug, which is the glucoside extracted from the plant *adonis vernalis*, belongs to the natural order Ranunculaceæ. It was first employed by Dr. Botkin, of St. Petersburg, but the first published recognition of its physiological and therapeutical properties was due to Bubnoff, who died recently. Two years later, Vincenzo Cervello isolated the active principle, which he found to belong to the group known as glucosides. He carried out his experiments with this drug in the laboratory of Schmièdeberg at Strasburg. The active principle is an amorphous colourless mass, without any characteristic smell, and intensely bitter. It is only slightly soluble in water or ether, but much more so in alcohol. To isolate it, the leaves of the plant must be macerated in a mixture of two parts of water to one of alcohol for ten days ; the resulting solution is treated with acetate of lead, and the precipitate separated by filtration. The *adonidin* is then obtained from the filtrate, by means of tannic acid with the addition of a few drops of ammonia. This compound of *tannate of adonidin* is washed and decomposed by acids of zinc and alcohol. The impure *adonidin* so obtained is purified by successive crystallisations in a mixture of alcohol and ether. The drug may also be administered in the form of an infusion or of a watery extract. Injected into the crural sheath of a frog, the heart being laid bare, the first effect noticed is a marked increase in the ventricular contractions followed by slowing. The ventricle looks pale, the auricular appendix and large veins are dilated, and finally the heart stops in systole. The same effects have been observed in the case of the dog and rabbit, a diminution in the number of heart-beats and elevation of the blood pressure first occurring, followed by an increase in the pulse rate and blood pressure, finally the heart beats tumultuously, and the blood pressure falls. Dr. Durand, of Lille, has published notes of several cases of mitral regurgitation, with and without narrowing of the mitral orifice, in which he has employed the drug. Stated briefly, the effects of the drug bear principally on the heart, but it also possesses marked diuretic properties

Irregularity and want of rhythm of the heart-beats are diminished and relieved, but the pulse is rendered distinctly slower, in one or two cases to such an extent as to render it advisable to discontinue the use of the drug. A rise in blood-pressure invariably follows its administration, and a small weak pulse is converted into a full strong one. In doses of two centigrammes (about one-third of a grain) of *adonidin*, the quantity of urine in the twenty-four hours was doubled, and with four centigrammes three-fifths of a grain trebled, these effects thus corresponding to the increase in the dose. In larger doses (three grains), considerable vomiting and diarrhoea, with persistent nausea, were induced. The drug is said not to cumulate as does *digitalis*; but this is an assertion which must be necessarily difficult to prove."

The foregoing observations, which originally appeared in the *British Medical Journal* of April 10th, clearly point out the homœopathic action of small doses of *adonidin*. Coming from a non-homœopathic source, the editor of the *British Medical Journal* has no hesitation in inserting it! How long will it be before this journal will see fit to open its columns to the mass of similar information which homœopaths are ready to communicate?

#### THE INDIAN "MEDICINE-MAN."

ALTHOUGH the medicine-man may have a considerable knowledge of the properties of many medicinal agencies within his reach, he depends, for the removal of disease, more on sorcery, beating the tom-tom, singing, etc., than on the efficiency of drugs. I have seen a miserable sick Indian, fresh from the hands of the medicine-man, with his poor body all painted with figures of tortoises, fishes and other creatures, in order to cure him of some internal trouble. A great medicine-man will not condescend to diagnose a case by the tedious process of examining the patient and asking questions. He is supposed to know all about it without going into these details. An English doctor told me that once when he was examining a sick Indian, to his surprise, neither the man himself nor his friends took much interest in the process. After answering a few questions in a sullen manner, they exclaimed, "We thought you were a doctor." When an Indian becomes really sick he yields to his weakness, gives himself up to die, and is the most abject of creatures. The drumming on the tom-tom seems to rouse him a little, and to keep up his courage. An Indian canoe-man once fell sick on my hands, and obliged me to stop my journey and stay in camp for two or three days in order to nurse him. He secretly sent word by some friend to bring a reputed medicine-man who was then camped at a considerable distance away. I was treating him as well as circumstances would permit with the aid of a small



assortment of medicines which I had along with me. He was about well, and able to resume work the following day, when the medicine-man arrived late in the evening, after I had turned into my blankets. He and the friends who came with him made the night hideous with their tom-toms and the monotonous "hi-ya, hai-ya; hai-ya, hi-ya"! But as they had great faith in it, I did not interfere. Going over to my patient at daylight, I inquired how he had stood it. He replied that he was now quite well, that the medicine-man (who, by the way, was sleeping triumphantly close by) had driven off the spirit of his sickness, that it was now far away, and he was ready for work again. He did not recognise that he had to thank either myself or nature for the cure.—Dr. Robert Bell in the *Canada Medical and Surgical Journal*.

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#### THE CAVENDISH LECTURE.

MR. JONATHAN HUTCHINSON, F.R.S., will deliver the Cavendish lecture at the West London Medico-Chirurgical Society, on the 4th inst. The subject Mr. Hutchinson has chosen is "The study of symptoms caused by certain drugs."

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#### BRITISH HOMŒOPATHIC SOCIETY.

THE next meeting of the British Homœopathic Society will be held on Thursday, the 8rd inst., and will constitute the first meeting of the Annual Assembly. On this occasion members desirous of proposing any alteration in the laws of the Society, or any resolution involving an expenditure of money, must give notice of their intention to do so.

A paper based upon a case of acute entero-peritonitis with the formation and discharge of pus, will be read by Dr. Goldsborough.

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#### CORRESPONDENCE.

##### DOCTORS AND CHEMISTS.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—The tone and anonymous character of the letter of "L.R.C.P.," in this month's *Review*, do not require an answer. Homœopathy will not be helped on by personalities and insinuations. The letters relating to the formation of the "Homœopathic League," especially those which have appeared in the last number of the *World*, largely support my conclusions. If homœopathy succeeds we all succeed—if it deepens, spreads, and enlarges, we all benefit; if, on the other hand, homœopathy is treated as a matter of business, and not as a great principle deserving of universal acceptance, we give cause for the enemy to scoff; if it is held in the hands of a few, and jealousies abound, it will fail. I have seen both plans tried, and I know which has succeeded.

Be strong in homœopathy and true to its cause; be earnest in advocating its claims, and fair and liberal towards others, and you will be successful.—Yours truly,

Bath, May 6th, 1886.

EDMUND CAPPER.

[Here this discussion must terminate.—Eds. *M.H.R.*]

## NOTICES TO CORRESPONDENTS.

\*. We cannot undertake to return rejected manuscripts.

Dr. MIDDLETON, of Scarborough, has, we are requested to state, fixed his residence during the winter season at Nice.

*The New England Medical Gazette*.—We did not reproduce the article which you describe as "Chollopian," in order that we might not afford any one ground, however slight, for supposing that it represented either American thought or literary style. We recognised it as the product of Michigan malaria and "Old Rye" simply and alone. Accept our thanks for your notice of it.

Communications, &c., have been received from Dr. DUDGEON, Dr. ROTH, Dr. MATHESON, Dr. E. BLAKE, Dr. G. BLACKLEY, Dr. FLEURY and Mr. CROSS (London); Dr. SHACKLETON (Sydenham); Dr. HUGHES (Brighton); Dr. GIBBS BLAKE and Dr. E. M. MADDEN (Birmingham); Dr. MORRISON (Brixton); Dr. MARTINY (Brussels).

## BOOKS RECEIVED.

*The Progress of Dentistry and Oral Surgery*. By J. J. Wedgewood, M.D., D.D.S. London: H. Kimpton, High Holborn. 1886.

*A System of Medicine Based upon the Law of Homœopathy*. Edited by H. B. Arndt, M.D. Vol. III. Philadelphia: F. E. Boericke. 1886.

*Publications of the Massachusetts Homœopathic Medical Society*. Vol. viii. Boston. 1886.

*Note sur Hemi-Rhumatisme*. By Dr. Lazalis. Paris.

*The Homœopathic World*.

*The Hospital Gazette and Student's Journal*.

*The Chemist and Druggist*.

*Calcutta Medical Journal*.

*The North American Journal of Homœopathy*. New York.

*The American Homœopathist*. New York.

*The Chironian*. New York.

*The New York Medical Times*.

*The New England Medical Gazette*. Boston.

*Sixteenth Annual Report of the Massachusetts Homœopathic Hospital*. Boston.

*The Hahnemannian Monthly*. Philadelphia.

*The Homœopathic Recorder*. Philadelphia.

*The United States Medical Investigator*. Chicago.

*The People's Health Journal of Chicago*.

*The Medical Advance*. Ann Arbor.

*St. Louis Periscope and Clinical Review*.

*Medical Counsellor*. Michigan.

*Bulletin de la Soc. Medicale de France*.

*Bibliothèque Homœopathique*. Paris.

*Revue Homœopathique Belge*. Brussels.

*Allgem. Hom. Zeitung*. Leipsic.

*Rivista Omiopatica*. Rome.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. FORT, 13, Church Road, Tunbridge Wells, or to Dr. D. DYCK BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY  
HOMŒOPATHIC REVIEW.

—:—

ACUTE ENTERO-PERITONITIS, WITH THE  
FORMATION AND DISCHARGE OF PUS.\*

By GILES F. GOLDSBROUGH, M.D.

THE subject I have placed on the paper for discussion to-night I will open by reading a case, on which I intend to base any remarks I have to make.

On June 15th, 1885, at 8.30 p.m., I was called to see Miss T. M., age 12, and was given the following history. Patient had been quite well up to the day previous. On the afternoon of that day she had been running about in the hot sun, and, becoming heated, she drank freely of cold milk. Afterwards she was much frightened by horses, which were loose in a field. In the evening she was seized with violent abdominal pains and vomiting, which have continued until this evening. She now vomits all food that is given her, along with a bilious-looking fluid. Complains much of the pain both in the abdomen and back, is very prostrate, with a small and quick pulse, but no fever. I gave *verat. alb.* 1 and *podoph. φ gttj.*; om. hor. alt., and ordered a poultice to be applied to the abdomen. I may add that I have previously attended the patient for scarlet fever and several minor ailments, and have always found her a nervous excitable child.

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\* Read at the Meeting of the British Homœopathic Society.  
June 3rd, 1886.

June 16. T. 102°; vomiting ceased; tongue very thickly coated; severe pain in the right iliac fossa, with general abdominal tenderness; the bowels have moved slightly, stool light-coloured; patient is inclined to be delirious. *Belladonna*  $\phi$  and *kali bichrom.* 3 are the medicines. Continue poultice and give milk diet.

17th. T. 102°; all symptoms much the same; bowels moved freely, stool light, semi-fluid. Continue diet and medicines. To have warm compress to abdomen instead of poultice, because the latter is too heavy to be borne.

18th. T. 102°. Bowels moved four or five times, a flocculent watery stool; pain and tenderness much the same; patient very restless, had very little sleep, and refuses nourishment. *Acon.*  $\phi$ , *ars.* 3x, *gttj.*, om. 2 horis alt. Continue same diet.

19th. T. 101°. Two stools less fluid in character. Patient less restless and slept better. Tongue much the same, also abdominal pain and tenderness. Much flatulence, causing choking sensation, especially after milk. Continue *aconite*, but give *puls.*  $\phi$  instead of *ars.*

20th. The pulse, which for the past five days had remained much the same as on the 15th, was this morning much quickened, small and thready; the face pale, anxious, and drawn. Intense pain in the abdomen, with tenderness all over it, and moderate tympanitic distension. No stool since yesterday. Patient very prostrate. T. 99.6°. Here was evident extension of the inflammation to the peritoneum, and I prescribed *bell.*  $\phi$ , *merc. cor.* 2 *gttj.*, om. hor. alt. The diet to be the same.

21st. T. 101°. P. 100. Aspect of the patient improved. Intense pain in the abdomen and tympanitic distension increased. Bowels moved slightly in the night; very little sleep. Great difficulty to take nourishment, and much flatulence. Continue diet and medicines.

22nd. T. 101°. P. 100. Less pain and tympanites. No stool. Tongue very thickly coated. Continue.

23rd. T. 101.6°. P. 100. Still less pain and tympanites. Continue.

24th. Not quite so well this morning. T. 101°. P. 110. Pain and distension much the same. Vomiting of food two or three times. Tongue very dirty. *Aconite* 3, *merc. cor.* 2 were prescribed, and the diet altered to beef tea, cocoa, toast-water, &c.

25th. Much the same. T. 101°. P. 110. Continue.

26th. T. 102°. P. 120. The tongue cleaner. Bowels acted once, stool normal. *Bell. φ, bry. 6, gttj, 2 horis alt.*

27th. No report.

28th. T. 101.6°. P. 100. General condition as on 26th. Continue.

29th. T. 102°. P. 120. Much the same. *Acon. 6, bry. 6* in dose as above.

30th. T. 101.2°. P. 120. Bowels moved naturally, otherwise the same. Continue.

July 1st. Patient was seen to-day by Mr. Harris. Up to the present she had lost much flesh and strength. The tongue was nearly clean, leaving the tip and edges red. The abdominal distension had nearly subsided, leaving the form of the small intestine distinctly visible through the pareites, and giving a sense of considerable adhesions on palpation. No fluid could be detected, nor was there any other swelling than that named. The abdomen was very tender to touch, and there was considerable pain at intervals. Mr. Harris strongly suspecting incipient tuberculosis prescribed *ars. iod. ʒx. grj.* and *bry. ʒi gttj, om. 2 horis alt.*

2nd. T. 100.6°. P. 120. Continue.

3rd. T. 100°. P. 100. Less pain the last two days. Continue.

5th. T. 100°. P. 100. Much the same. Continue.

9th. T. 100°. P. 100. Constipation troublesome. Much flatulence, both in stomach and bowels. Tongue clean. To have *nux. vom. 12* instead of *bry.*

10th. T. 100.2°. Bowels the same. To have a soap and water injection. Continue medicines.

11th. Had much pain after the injection, which continues to-day, and the temperature is 102°, with pulse 120. *Acon. 6, bry. 6, gttj, 2 horis alt.*

12th. T. 101°. Pain much better. Continue.

13th. T. 98.6° at 10 a.m. At 8 a.m. vomited about a teacupful of brown feculent substance, semi-fluid and very offensive. Since the vomiting the abdomen seems much relieved. The diet consists of beef tea or mutton broth, cocoa and toast water; milk is quite indigestible. Continue medicines.

14th. Bowels moved twice, stools normal. There is general improvement. T. 98.6°. Continue.

- 15th. One normal stool. T.100°. Return to *ars. iod.* 3x. and *bry.* 6.
- 16th. T. 100°. One easy normal stool. Continue.
- 17th. T. 99.6°. P. 100. A similar report.
- 18th. No note of T. and P. Patient complains of severe aching in left thigh on attempting to sit up. There is no abnormal appearance or sensation on palpation. To have *acon.* 6 instead of *ars. iod.*
- 19th. T. 99°. Complains less on sitting up. Continue.
- 20th. T. 98.4°. One normal stool. Continue.
- 22nd. T. 99°. P. 100. Patient suffers no pain; the bowels act well; and her general health is improving, excepting that there is no gain of flesh. The abdominal condition remains much the same as on the 1st inst., with the exception of a diffused swelling in the region of the umbilicus, about the size of a small plate, and not unlike such plate turned upside down, inside the pareites. There is an indistinct feeling of fluctuation. *Sulph.* 6, *bry.* 6, *gttij.* 2 horis alt. To have a little solid food.
- 24th. T. 99°. Much the same. *Ars. iod.* 3x instead of *bry.*
- 27th. T. 100°. There is considerable pain in the abdomen and much flatulence. Appearance as before. *Acon.* 6, *bry.* 6 in dose as above.
- 28th. T. 101.8°. Arising as it were from umbilicus, there is a swelling about the size and shape of a pigeon's egg, inflamed and tender, and with much throbbing and pricking pain. Fluctuation quite distinct. The swelling had come up suddenly in the night. *Bell.* 1x, *hepar. sulph.* 2c., 2 horis alt.
- 29th. T. 99.4°. Patient seems better, the abscess looks the same. Continue.
- 30th. T. 98.4°. Much the same. Continue.
- 31st. T. 100°. Report as yesterday.
- August 1st. T. 98.2°. Early this morning a large quantity of brown offensive pus passed per vaginam, and continues to discharge. Abdomen looks the same. Continue medicines.
- 4th. T. 98°. Discharge from vagina continues more healthy in appearance, but still offensive. Abdominal swelling the same; continue.
- 6th. T. 98.4°. General health improving. Abdomen looks the same. Discharge from vagina less. Continue.
- 8th. T. 98.4°. I opened the abscess in the umbilicus,

and there discharged several ounces of thin, rather dark, stinking pus. Continue medicines.

10th. T. 98.6°. Abscess nearly emptied. Swelling of abdomen much reduced. All pain gone. Patient's diet had gradually been increased up to the present, but thinking there were signs of indigestion, I ordered it to be somewhat reduced. Continue medicines.

12th. T. 98.4°. Discharge quite ceased at the umbilicus, but still continues from the vagina. Patient is gaining flesh and seems stronger. I prescribed *sulph.* 6 gttj. and *silic.* 1 grj., om. 2 horis alt.

17th. Discharge ceased from the vagina. Patient still gaining flesh and strength. *Silic.* 1 grj. and *china* 1 gttj. were given. At this point I left home, and Mr. Harris took charge of my patient. I have no notes, excepting that on the 22nd she received *leptandria* 1x and *arsen. alb.* 3. I saw her again on

September 2nd, and found the T. 99°. There had been a return of the discharge from the vagina, with occasional sharp pain in the abdomen, and a puffiness round the umbilicus. I prescribed *bell.* 1x and *hepar* 3.

4th. T. 100.2°. Pain much the same; discharge continues. *Bell.*  $\phi$  gttj., *hepar* 2 grj., alt.

5th. T. 98°. Pain much less. There is a distinct swelling in the right inguinal region, extending to above the pubes, with some pain on micturition. Continue.

7th. T. 99.6°. Discharge from vagina continues, varying in amount; slight tympanites; inguinal swelling much the same. *Bell.*  $\phi$  gttj., *silic.* 1 grj., alt.

11th. T. 98.4°. Patient seems much better; discharge nearly ceased; swelling in inguinal region much the same. Continue.

24th. Having had to leave home again, I have no notes until to-day, except that on the 17th Mr. Harris prescribed *sulph.* 6 and *silic.* 6. To-day the report is that patient is gaining flesh and strength, but there is still some abdominal swelling. Continue medicines.

October 3rd. A similar report, except the swelling in the inguinal region less. Patient is up and walking about, eating well, and in no pain. Continue.

10th. My last visit. Patient appears quite well in health, but there is still some swelling as before. Continue medicines.

On the 17th of May in the present year I saw the

patient. She appeared in good health, but her mother states that she occasionally has diarrhoea alternating with constipation, and often considerable distension of the abdomen.

In inviting discussion on this subject, I venture to make a few remarks on the etiology, pathology and anatomical characters, and treatment of this case, comparing it with that of peritonitis in general.

1. Etiology. It is agreed by all authors that acute idiopathic peritonitis is a very rare disease. It is almost always an extension from inflammation, or other diseases, or abnormal conditions of inverted viscera, and Dr. Siveking makes the remark, \*that, in relation to such abnormal conditions, it is often the climax of nutritive derangements, which is not to be sought for primarily in the serious investment of the intestines. Dr. Habershon has examined the records† of 501 autopsies after death from peritonitis. He found them referable to three classes, according to the causation, but not one could be said to be idiopathic. These three classes are as follows:—From direct extension of inflammation from invested viscera, 261.

From certain blood changes, *e.g.* albuminuria, 94.

From states of general or local perverted nutrition, *e.g.* cancer, 146.

I have not much doubt that in the case I have read to you, the primary condition was one of moderate inflammation of the mucous membrane of the intestine, caused by the ingestion of cold milk, perhaps when the skin was on the point of perspiring, and that the peritonitis was an extension from this. But then arises this question. How would such a severe attack of peritonitis supervene on what appears to be a mild attack of the former disease? I would suggest an explanation from two points of view. In the first place, you will remember, that soon after taking the milk, the patient, a sensitive excitable child, and always having lived in London, would naturally be much frightened on encountering horses loose in a field, sustained a severe shock to the nervous system, from which she could not possibly recover for several days.

\* *Vide Reynolds' System of Medicine*, vol. iii. 1871.

† *Vide Pathological and Practical Observations on Diseases of the Abdomen*, by S. O. Habershon.



Such a shock would produce an impaired vitality of the whole body, including of course the membrane immediately in contact with the irritated mucous membrane. Doubtless the nervous shock may have operated in producing the enteric inflammation, but at least we have an adequate cause for its extension to the peritoneum.

Secondly, if we admit that the peritoneal membrane was impaired in its vitality, it would readily take on the inflammatory process by extension through the muscular coat and sub-peritoneal connective tissue, circumscribed no doubt at first, but being diffused rapidly on account of the motion of the serous layers, and the product of the inflammation acting as an additional irritant. We may thus, it seems to me, look upon the peritonitis in this case as idiopathic within the legitimate meaning of the term. With reference to extension of inflammation from the small intestine specially, in the 261 cases examined by Dr. Habershon, not one was attributable to this cause, and only three from the colon. But these were all *post mortem* examinations, cases of recovery not having been taken notice of.

2. Pathology and Anatomical Characters.—The formation of pus appears to be not at all uncommon in peritonitis. It is mentioned by all writers that I have consulted, chiefly the articles in Ziemsson's *Encyclopedia* and Reynolds' *System of Medicine*, Dr. Habershon's *Practical Observations on Diseases of the Abdomen*, Watson's, and Flint's *Practice of Medicine*. It is invariably to be regarded as evidence of a deteriorated condition of the whole system, especially the blood. It may be secreted direct from the inflamed peritoneum, or result from the degeneration of plastic lymph. When encysted between folds of intestine, matted down by adhesions, pus becomes the most fertile cause of ulceration and perforation into the bowel, the most usual precursor of a fatal issue in chronic cases.

Otherwise, the mode of discharge of the pus is by a fistulous opening through the psoas muscle, or through the abdominal walls. In my case there appeared to be no connection between the two points from which the pus was discharged. You will have noticed that the first was from the vagina escaping from the abdomen, I imagine by Douglas' Pouch; but that when this commenced there was no diminution of the swelling of the abdomen; and

that when the latter abscess was opened it made no difference to the discharge from the vagina. I presume the abscess which formed at the umbilicus arose from pus becoming encysted between some folds of intestine and the abdominal wall, and that the umbilicus was, fortunately for the patient, the most yielding, and, therefore, the chosen point of departure. But in reference to this, is it not possible that if the patient's power of restoration be sufficient, lymph may be thrown out, and adhesions take place, under a direct control of nature, in order to convert a more yielding point into a less yielding, and so favour the exit of the pus along a channel that is safe? And, if such a process be possible, would it not explain the variations of temperature, the unequal degrees of swelling and pain, and the irregularities in amount, and in the time of discharge of the pus, which were observed in the course of my patient's illness?

3. Treatment.—It is sad to find that there are still some authors who think that general and local depletion advisable in cases of peritonitis; but it is at the same time amusing to find the writer of the article in Ziemsson's *Encyclopaedia* state that he "believes that in most cases we may dispense with these measures without being guilty of neglect;" and that Dr. Austin Flint devotes considerable space in pointing out their disadvantages. It will not be out of place if, in referring to the plan of treatment recommended by all writers of the old school of the present day, namely placing the patient at the outset of the disease fully under the influence of opium, I ask you to express your opinions freely upon the relative advantages of this, or of homœopathic treatment, both in individual cases and in general results. I do not pretend to suggest that every medicine given in my case was perfectly homœopathic to the condition for which it was prescribed; nor do I defend on principle the alternation of remedies. But two or three points are, I think, worthy of notice. I have no doubt in my mind that the inflammatory process was considerably checked by the *bell.* and *mercurius cor.* in the first place, and subsequently by changing to *aconite* or *bryonia* as occasion required. I would call your attention to the fact that *aconite* and *belladonna* were given almost throughout whenever there was any degree of temperature above the normal, and I ask your

opinion as to the wisdom of such a course. Dr. Habershon\* speaks thus concerning the use of *mercury* in peritonitis: "It prevents adhesions, excites peristaltic action, and promotes ulceration. It increases the depression consequent on the disease, and renders the intestinal contents more fluid, thereby increasing extravasation. Its benefit is not an established fact." But, notwithstanding the authority of Dr. Habershon and the great weight of his opinions, if homœopathic practitioners had never heard of *mercury* as a remedy in peritonitis, they would thank him for pointing out a drug possessing so great an affinity for abdominal structures, and would accordingly add one more to his list of possible remedies. *Mercurius corrosivus* seems to possess the power of directly setting up inflammation of the peritoneum,† but I would suggest as an indication for its use the peculiar adynamic prostration which is characteristic of the drug. The action of *bryonia* in inflammation of the serous membranes seems to be more markedly manifested if given in dilutions of the 6th and upwards. For this suggestion I am indebted to Mr. Harris. I cannot help thinking that the *arsen. iod.* did my patient much good; it was certainly indicated, if we may be allowed to prescribe it when the condition would call for both *arsenic* and *iodine*. Our "mutual friends," *hepar sulphuris*, and *silicea* are equally to be relied on when pus is present in internal cavities as when more external. Could the formation of pus be prevented in this case? Have we any special means at our disposal towards this end? Would that I could answer these questions in the affirmative. I can only say that I believe the patient suffered considerably from want of a proper quality of nourishment. She showed a great intolerance of milk all along, and we were confined chiefly to beef tea, concentrated essence of meat and cocoa. When the presence of pus could be made out from the abdominal parietes, I deferred using the knife as long as possible, thinking that nature would most probably complete the process she had commenced, especially that meanwhile the patient's general health was improving. Dr. Habershon says of abdominal abscesses generally, "evacuate them as soon as possible." Would this apply to abscesses arising from internal inflammation, and under homœopathic treatment?

\* *Vide op. cit.*

† See Allen's *Encyclopedia*, vol vi., page 250.

In conclusion, I have endeavoured to place before you, with a few discursive remarks, not what I could call a triumph of homœopathy, but rather of the *vis medicatrix nature*, assisted, I believe, by the action of remedies administered under the homœopathic law, and hindered, I trust not, by its imperfect application.

#### DISCUSSION.

Dr. CLARKE said he had had considerable experience with peritonitis, having become acquainted with it in his own person when he was a student. In his case it was apparently idiopathic, the only cause to which it could be attributed being cold. He was treated by opiates, and when these caused persistent sickness morphia suppositories were used instead, and these caused no sickness. He made a fairly rapid recovery. He had recently seen another case in which there had been apparently idiopathic peritonitis. This was in a patient, a woman aged forty-six, on whom he had made a post-mortem examination, she having died of rupture of an aneurism into the pericardium. Incidentally he found that there had been extensive peritonitis, leaving adhesion of the liver to the parietes and the omentum to the intestine and pelvic viscera. There was no organic mischief to which the peritonitis could be attributed. In a case of tubercular peritonitis in a youth, rupture of an abscess took place at the umbilicus, and, along with the pus, flatus and fæces escaped. He considered that there was a diverticulum from the small intestine to the umbilicus—a most common position for one—in this case. He wished to ask Dr. Goldsbrough if there was any fæcal odour with the discharge in his case. In regard to remedies, he had not met with such success as he had in some other diseases. *Bryonia* and *merc.-cor.* had acted brilliantly at times, but at other times they had not. *Colocynth* had relieved the colic.

Dr. BLAKE congratulated Dr. Goldsbrough on the successful issue of his case. He had seen cases end in dysentery when they discharged through the vagina. There was no classic order of symptoms, and they might take many forms. He had known cases where there was no pain—patients would be walking about with the pus within them. The temperature and the pulse were no safe guide. The best way was to let out the pus as soon as possible, and wash out the body. A low form of cellulitis, especially in drunkards, was often the starting-point. *Arsenicum*, *bell.*, *hepar*, low, were the best medicines.

Dr. FRENCH (of San Francisco) said *aconite* had never given him much benefit. *Carbo veg.* had helped him very much from

6x to 30x. He thought *arsenicum* was indicated all through, and he should have given it alone. A local application of *aconite* with sweet oil and a little chloroform, and over it a rich, light poultice of linseed was of great use.

Dr. HARMAR SMITH had a strong feeling that the frequent change of medicines and alternation of the medicines was a mistake. It prevented his being able to come to any conclusion about the particular part played by any of the drugs given in the case.

Dr. NOBLE congratulated Dr. Goldsbrough on having brought his case to a successful conclusion in spite of alternation. He thought the patient would have died if one medicine alone had been given. *Hepar* and *silica* evidently did good work; and from the *arsen.-iod.* acting so well he would expect a marked family history of scrofula.

Dr. WASHINGTON EPPS (who was acquainted with the family of the patient) said that the family were excitable, and one died of convulsions. There was no marked scrofulous history.

Dr. HUGHES quite expected to have heard that the case ended in death; and if under other than homœopathic treatment he believed the girl would have died. Dr. Hughes differed from Dr. Blake, and thought the thermometer was of the greatest use in such cases. He was quite of Dr. Goldsbrough's opinion that prescribing should be guided by the temperature. The medicine in his mind during all the latter part of the case was *silica*; he preferred it much to *hepar sulph.* His experience agreed with what was said in the text-books—that idiopathic peritonitis was rare. He had seen two cases of peritonitis where pus discharged through the umbilicus, and both of these got well.

Mr. HARRIS said he had not had much experience with peritonitis. One case was seen one day and died the next. *Bryonia* 6 had helped several cases. He was to a small extent responsible for the case related by Dr. Goldsbrough, his partner. He protested against Dr. Blake's idea that the thermometer was no guide. If taken night and morning it gives a key to the nature of the case. Although the patient got well, he believed that the case was a tubercular one; and this conclusion was arrived at from the temperature. He defended alternation as being practically very useful, though perhaps not so scientific as the use of single remedies. *Iodine* 6 and *arsen.* 6 he had used persistently in some cases, but he had found more good from the *iodide of arsenic* than from either. He thought with Dr. Hughes that this patient ought to have died according to precedents.

Dr. MURRAY had had a case of typhoid in which the symptoms took on a form very like those in Dr. Goldsbrough's. The

child was able to go out after the typhoid fever. During convalescence there was a little indiscretion in diet. Tympanitis and severe pain manifested themselves. *Carbo veg.* was of great use for some time. Towards the close of the case Dr. Blackley saw it with him in consultation. While there was much emaciation, there was no appearance of pointing, but at one part there was a feeling of softening, though no pain or tenderness particularly at that part. The child died but there was no *post-mortem*.

Dr. FRENCH did not propose to give *arsen.* for two or three weeks. He was formerly an allopath, and a supreme hater of homœopathy; but since his conversion he had come to the belief that the best results were obtained by study of cases and selection of single remedies.

Dr. JAGIELSKI asked if there were any shiverings.

Dr. GOLDSBROUGH said there were none from beginning to end.

Dr. DUDGEON said he thought idiopathic peritonitis was not so rare as some supposed; for in *post-mortem* examinations it was common to find local adhesions indicating local peritonitis. One medicine that had not been mentioned was *cantharis*. This he had used with good effect not only in peritonitis but in pleurisy. A case of purulent accumulation in the body once happened to him where the discharge occurred through the vagina. He did not expect the patient could recover, but she did, and is now the mother of a family. Another case was one of pleurisy. It was of a chronic character, and there was extreme exhaustion. He did not know what the character of the exudation was. He had almost given up the case when the patient discharged an enormous quantity of pus through the œsophagus by vomiting. Respecting alternation, if diseases were simple, single remedies would suffice; but they were not. In view of this, Hahnemann once suggested *mixing* medicines. With regard to giving *aconite* when increase of temperature occurs in disease, it is sometimes very disappointing. He mentioned a case of rheumatic fever where the temperature went up to 106, and remained there three or four days. It was only on giving up *aconite*, and giving *agaricus* that the temperature came down. We cannot give it as an anti-pyretic, as the allopaths do, in supposed imitation of homœopaths.

Dr. HARMAR SMITH said that the action of remedies was composite, and might fit composite diseases.

Dr. DUDGEON said there was only one remark he had to make in reference to that; in cases of complex diseases it was seldom that the composite action of drugs marched on all fours with the complexities of disease.

Dr. BEATER (of Dublin) said that Hahnemann sought to give the totality of symptoms in one medicine to cover any case.

Dr. GALLEY BLACKLEY had seen several cases of peritonitis. One was that of a lady of fifty-seven, a rheumatic patient, who had suffered from piles for about seven years. About last January she began to complain again, also of very obstinate constipation. This she had endeavoured to meet with liquorice powder, senna, etc. *Acid. nitric.* and *sulphur* gave some relief, but defæcation remained painful. Mr. McKellar, of St. Thomas's, removed the piles. The patient did well; no rise of temperature occurred till a fortnight after, then there was slight rise. The bowels became obstinate again. Mr. McKellar suggested *casacara*, which acted pleasantly. This went on for a few days, when an irritable state of the bowels set in, small hard stools passing frequently. Tenderness over bladder was present, and she had to be catheterised. In a month she went into the country. After being there a few days he heard she was *in extremis*. The medical man said she had stricture of rectum, either malignant or simple. In a fortnight she died. There was a *post-mortem* examination, which showed that there was no stricture of the rectum, but stricture of the small intestine. There was universal peritonitis, of slow kind, which had caused matting of the bowels, and a band of organised lymph constricted a part of it. He had no doubt that the chronic peritonitis had been present for at least seven years, dating from the time when she first began to suffer from abdominal symptoms.

Dr. GOLDSBROUGH, in reply, said, with reference to the remarks made on alternation, that there is an ideal homœopathy that we should aim at—to cover the totality of symptoms by one medicine; but, in practice, speaking for himself, his knowledge and faculties being imperfect, alternation became necessary. Regarding the question of the relation of *aconite* to the rise of temperature from the formation of pus, he said that in hectic he had found *aconite*, given at night, of the greatest use. He believed there was a homœopathic relation between *aconite* and this hectic. He believed that the formation of pus was very common. Regarding the tubercular origin in this case, and the family history, three uncles are healthy, strong men. The family history so far is very good, except that her sisters are nervous, and subject to constipation. He believed the temperature a most valuable guide to both diagnosis and treatment—much safer than the pulse. There was no fœcal odour with the pus. In conclusion, Dr. Goldsbrough thanked the Society for the kind manner in which his paper had been received.

## ON THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF ARSENIC.\*

By ALFRED C. POPE, M.D.

## LECTURE I.

THE resublimed *arsenious acid*—*Arsenious Anhydride* purified by further sublimation—is the substance from which the triturations and dilutions ordinarily employed are prepared. Not a few medical men practising homœopathy frequently prescribe Fowler's solution or the *liquor arsenicalis* of the British Pharmacopœia, one drop of which contains a little less *arsenic* than a similar quantity of the first centesimal attenuation of the Homœopathic Pharmacopœia.

Regarding the action of no drug are our opportunities for acquiring a thorough knowledge respecting it greater than are those at our command for the study of *arsenic*. An exhaustive—or what at the time was an exhaustive essay on the chemistry and pharmacology of this drug was one of Hahnemann's earliest and most appreciated contributions to medical science. At a later date it was the subject of one of his best provings. Since that day numerous experiments have been made with it by various observers. Further, cases of poisoning with the *arsenious acid*, with Fowler's solution and the *arsenate of copper*, which enters so largely into the colouring matter of wall papers and articles of dress, have been recorded in considerable numbers. Essays or commentaries upon its physiological action of great value have also been published by the late Dr. Black, Dr. Wurmb, Dr. Imbert-Gourbeyre, and others; and finally we have, in Dr. Allen's *Encyclopædia of Pure Materia Medica*, the symptomatology of upwards of two hundred experiments and cases of poisoning set forth in the schema-form of Hahnemann.

Taken in quantities of from half-a-grain and upwards of the *arsenious acid*, symptoms resembling those of acute disease speedily present themselves, their intensity being in direct proportion to the size of the dose. In persons who recover from such a condition, we frequently find *sequelæ* the result of the action of the *arsenic*, the

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\* Revised from a lecture delivered at the London School of Homœopathy, Session 1882-3.



manifestations of which are like those of some forms of chronic disease; and lastly, where it has gained an entrance into the body from inhaling the dust given off by green wall papers or by absorption by the skin from articles of dress dyed with *arsenical green*, we find indications similar to those presented by yet another class of chronic diseases. Then, again, we have as the result of fatal cases of poisoning both in men and the lower animals, the advantage of studying the *post mortem* appearances produced by it. Hence, we are able to use this drug as a remedy with a very considerable degree of exactness.

In acute poisoning, we notice the red, dry tongue, redness and dryness of the mouth and pharynx, thirst, burning pain at the epigastrium extending more or less over the entire abdomen, vomiting, diarrhœa, or dysentery; cardiac depression, gradually increasing faintness, great restlessness and anxiety, with cachectic appearance and ultimately collapse. In some instances, on the other hand, the form of poisoning expends itself chiefly on the nervous system, and we meet with delirium, convulsions and coma, and in some cases paralysis.

In cases of acute poisoning which do not terminate fatally, a general cachexia and loss of flesh, dyspepsia, with burning pains in the stomach, and frequent vomiting with more or less diarrhœa; albuminuria, with anasarca; and eruptions of the nature of eczema and urticaria appear on the skin.

When slow poisoning has proceeded from the inhalation of the dust of wall paper, or the absorption of the poison from dyes, a general undefinable condition of ill-health is first observed, emaciation progresses slowly, the sufferer feels weak, nervous and restless, though not knowing why; the eyelids are swollen and inflamed, appetite gives way, the tongue is red at the tip and has a silvery white coating in the centre; thirst, pain at the epigastrium, more or less constant nausea and sometimes vomiting, and abdominal pains with more or less diarrhœa, are among the earliest symptoms. The urine becomes deficient in quantity and albuminous in quality, while slight œdema may be present. There is also much mental depression, with restlessness and deficiency of sleep. Anæsthesia and sometimes paralysis of the extremities have been observed. The aspect of the patient

suggests anæmia; hair falls off or becomes grey. The skin is the seat of an eruption and often of ulceration. Pulmonary phthisis has been noticed as the direct consequence of this form of poisoning.

Familiar to all medical men as are these consequences of taking *arsenic*, rapidly fatal as is its action in doses of one, two or three grains, it is yet a fact that in Styria *arsenic*, in far larger quantities than these is constantly taken by the peasants and others, and this, not only without any evil effects, but with the result of maintaining in them a plump and healthy appearance, and of inducing very considerable powers of endurance. Various inquiries have been set on foot to ascertain the reality of the reports which have gained currency on the arsenic-eating propensities of the Styrian mountaineers, and no doubt now exists that they are accurate. Mr. Heisch in *The Pharmaceutical Journal* for 1860, reports the result of his investigations. One of his correspondents, who was thoroughly familiar with the country, says: "It is commonly taken by the peasants in Styria and the Salzerkammergut, principally by huntsmen and wood-cutters, to improve their wind and prevent fatigue." The same correspondent gives the following particulars:—

"The *arsenic* is taken pure, in some warm liquid, as coffee, fasting, beginning with a bit the size of a pin's head and increasing to that of a pea. The complexion and general appearance are much improved, and the parties using it seldom look so old as they really are; but he has never heard of any case in which it was used to improve personal beauty, though he cannot say that it is never so used. The first dose is always followed by slight symptoms of poisoning, such as burning pain in the stomach and sickness, but not very severe.

"Once begun it can only be left off by very gradually diminishing the daily dose, as a sudden cessation causes sickness, burning pains in the stomach, and other symptoms of poisoning, very speedily followed by death.

"As a rule, arsenic eaters are very long lived, and are peculiarly exempt from infectious diseases, fevers, &c., unless they gradually give up the practice, they invariably die suddenly at last."

To come nearer home, Mr. Church, writing in *The Chemical News*, August 25, 1860, states that at Whitbeck, a village in Cumberland, the water habitually used by the inhabitants contains nearly a grain of *arsenic* to the

gallon, and at the same time their general healthiness and longevity are remarkable.

To attribute such immunity from the deadly effects of this notoriously poisonous substance to the development of a tolerance of it by the body is simply to state a fact, and in no way explains how such an immunity comes to exist. Dr. George Harley (*Lancet*, November, 1861, p. 499), ascribes it to the Styrians eating it in the solid form, and that, therefore, only a very small portion of it enters the blood. But on the other hand, the villagers of Whitbeck take it in solution in the water they drink daily and are not only no worse but apparently the better, for it. And again, persons whose health is so much deteriorated by occupying rooms, the walls of which are covered with arsenic-bearing papers, can absorb only a very small, indeed, infinitesimal particle of *arsenic* daily. Further, it must be remembered that the Styrians find that sudden abstinence from their accustomed dose is fatal, and that it can only be safely abandoned very gradually. Hence, I cannot regard Dr. Harley's suggestion as in any way solving the mystery it purports to explain.

Once more it is well known that grooms, especially in Vienna, give their horses *arsenic* very constantly to keep them in condition; and, that in their case also, an omission of the drug is followed by rapid loss of flesh.

Before passing to a more minute examination of the effects of *arsenic* on the several tissues and organs of the body, I desire to draw your attention to the appearances found *post mortem* in cases of poisoning by it.

The mucous membrane of the mouth and œsophagus is congested; while that of the stomach is more or less distinctly inflamed, often in patches, and these dotted over with petechiæ. In acute cases this inflammation is most marked at the cardiac, in chronic at the pyloric end. The walls are contracted and corrugated, while ulceration is often present, especially on the posterior wall. The duodenum is also found red in colour, and its coats thickened; more or less inflammation extends throughout the whole of the intestinal canal, though less acutely so as the cæcum is approached, this portion and the colon are dark coloured and congested, while the rectum again is acutely inflamed. The solitary glands are generally enlarged. The larynx and trachea are red and covered with reddish mucus; the bronchi are

inflamed, and the lungs congested. In acute cases, the liver and kidneys beyond some degree of congestion do not present any material alterations, while in such as are chronic the changes in them are much more extensive. Dr. Wilks has noticed that ecchymosis of the heart is common; in two instances observed by him the endocardium of the left ventricle was most markedly affected, a large patch existing on the septum and the columnæ carneæ being also spotted (*Medical Times and Gazette*, January 18th, 1862).

In cases of chronic poisoning, we possess but very few records of *post mortem* appearances. *The Lancet*, July 22nd, 1882, give the following report of the observations of M. M. Caillol de Poncey and Ch. Livon, made on cats slowly poisoned by small doses of *arsenious acid*. The animals died in a state of anæmia and emaciation.

“At the necropsy, all the muscles including the heart were extremely pale; the liver, the lungs and the kidneys, presented all the naked eye signs of fatty degeneration, a lesion which had not been previously observed. In the lungs, Cornil and Brault found, in acute poisoning, that the pulmonary capillaries were dilated and distended with blood, and the endothelial layers were invaded with large fatty granulations. Hæmorrhages were seen in certain points, and many alveoli were filled by degenerated cells, giving rise to the naked eye appearance of pale islets. The mesenteric glands appeared as large yellowish white masses of caseous aspect. The microscope showed that the peripheral part of the glands was invaded by fatty degeneration, which was not limited to the follicles, the process of change appears similar to that in the lung: under the influence of the slowly absorbed *arsenic* the endothelial cells undergo fatty degeneration, commencing in the most active part of the glands—the follicular region—from which it gradually invades the greater part, if not the whole of the gland.”

Such then are the chief phenomena of *arsenical* poisoning. The question how, in what way, by what process does *arsenic* kill, is one which has been the subject of much discussion. The two following theories which trace its ultimate action to paralysis of the nervous centres, are those which appear nearer the truth than any others. The first is that broached by Professor Binz, of Bonn, and Herr Schulz:—

“The *arsenious acid*, which has an action on albumen is in part oxidised to *arsenic acid*, and this is again reduced. Pro-

toplasm effects the oxidation and in it also the reduction occurs most strongly. This unusual interchange of nascent oxygen within the molecules must tend to the formation of *nitrous acid*, and in part also to *nitrous oxide*, the latter being further transformed into *nitric acid*, and thus the protoplasm will be destroyed more quickly than the interchange of matter can renew it. The *arsenic* thus plays the part of an oxygen-bearer, and leads to a sort of molecular combustion. The interchange of the oxygen probably takes place most readily in the glandular organs of the intestinal tract, but may occur elsewhere, and probably does occur, especially in the nerve centres in which so energetic an interchange of material is always going on. Hence the irritation and quick paralysis of the nerve centres."—*Lancet*, February 8, 1879.

M. Vryens (*Archives de Physiologie*, October, 1881) arrives at much the same conclusion by a somewhat different route. The effects observed by M. Vryens on rabbits and dogs of a 25 per cent. solution of *arsenious acid* injected, in some instances, into the jugular vein and in others subcutaneously, are thus epitomised in the *Lancet*, December 8, 1881:—

"A gradual diminution of the blood pressure in the arteries, interrupted occasionally in the less acute cases by short periods of augmented pressure, and slowness and irregularity of the pulse; the temperature undergoes a remarkable reduction of 1° or 2° C., and in this M. Vryens is in accord with all observers. Sklarek, for example, noted a fall varying from 2° to 3° in the cat; Lolliot 1° in the dog and 4° in the rabbit; and Lesser no less than 7° in the rabbit; the differences being probably dependent on the dose of the poison, the strength of the animal, and the quantity of food in the stomach or other circumstances affecting the absorption of the poison. The kidneys undergo serious alterations; the renal secretion is suppressed and its composition changed; it almost always contains albumen, and sometimes sugar. A few of the red and white corpuscles of the blood may commonly be observed in it. In sub-acute cases hyaline cylinders, granular cylinders with fat deposits in them, and granular epithelial cells may be seen. Lastly, he has observed that on spectroscopic examination, besides the two bands indicating the presence of hæmoglobin, there is a third band of absorption in the red, which is nearer C than D. This band disappears immediately on the addition of a reducing agent, and is apparently due to the presence of peroxyhæmoglobin or methæmoglobin, and indicates the condition of disintegration or dissolution of the blood. There seems to be some evidence in favour of

Orfila's view that *arsenic* is stored up in the secreting organs, for the metallic ring, which can be obtained from the combustion of a fragment of kidney or liver, is larger than that from other organs. A small ring can, however, be obtained from the mucous membrane of the intestines, which is a fact of importance. On the whole, M. Vryens believes his experiments show that the entire nervous system, including especially the vaso-motor, pneumogastric and sympathetic nerves, is, if not paralysed, at least reduced to a state of paresis, and that it is through this system essentially that the serious effects of *arsenic* are due."

Singularly enough—at least for so pronounced and bitter an opponent of homœopathy as is *The Lancet*—the next sentence is—"This agrees well with its powerful tonic influence on the nerves when given in small doses."

The foregoing brief account of the general action of *arsenic*, shows how far-reaching this is, what a variety of tissues it attacks, and that scarcely any organ of the body is proof against its influence. Correspondingly is its usefulness as a remedy. At some part or other of the course of a large variety of diseases, this drug will prove serviceable in promoting recovery. The conditions in which it may be used with advantage and the circumstances calling for it, I will now endeavour to point out.

That *arsenic* excites a febrile disturbance of well-marked periodicity is a thoroughly established fact. The researches of M. Imbert-Gourbeyre, published in the 24th volume of *The British Journal of Homœopathy*, are conclusive on this point were no other evidence available. We have, however, to study the characteristic features of the *arsenical* fever before we can utilise it clinically.

The febrile attack commences with rigors; a sense of chill, more or less severe, pervades the whole body, commencing usually in the afternoon or early part of the evening. Two or three hours later the chill gives place to heat, felt especially in the face, but at the same time the hands and feet are cold; sweat follows the hot stage. In nearly every instance in which this febrile condition has been observed, the cold stage was that which was longest and most intense. The hot stage, though well marked, was slight in comparison with that which preceded it, while the period of sweating was in some cases short, in others very fully developed. The sensation of thirst, ordinarily considerable, is easily though

only momentarily satisfied in the arsenical type of fever, small quantities of water are taken frequently. Again, the recurrence of the febrile paroxysm is irregular in point of time. It has been observed to begin in the forenoon, though it more commonly commences in the afternoon, and is sometimes delayed until evening. In some instances, and these are the majority, the arsenical fever is a quotidian.

In prescribing *arsenic* in intermittent fever other symptoms besides the period of recurrence and the character of the several stages must be taken into account. Foremost among these is the degree of prostration; where this is excessive and out of proportion to the intensity of the paroxysm, *arsenic* is generally indicated. Again, the tongue is abnormally clean, bright and red, a condition pointing to the irritability of the gastric and intestinal mucous membrane, of which the nausea, sickness, disinclination for food, and diarrhœa commonly present, are additional indications.

The use of *arsenic* in intermittent was deduced by Hahnemann from the similarity of its effects to those present in some malarious fevers. It had been used centuries ago in India and China in the malarial fevers of those countries; and during the middle of the eighteenth century was again prescribed in fevers of this type by Fowler, whose name is still connected with one of the preparations in common use. It soon, however, fell into disuse. By homœopaths it has been used, as occasion has offered, since the days of Hahnemann.

In 1842 M. Boudin, a French army surgeon, again revived it among the old school. He obtained the hint to do so from M. Chargè, a homœopathic physician at Marseilles, to whom he complained that *bark* and *quinine* were useless in the Algerian fevers with which he had to deal. Chargè gave him a bottle of globules of *arsen.* 30, and using these in his bad cases he had the satisfaction of curing many of them. He then procured a preparation containing 1-180th of a grain of *arsenic* in each powder—preparing it by prolonged trituration with sugar of milk—and this became generally known as the *formule de Boudin!* So that the revival of *arsenic* as a remedy in intermittent fever comes directly from homœopathy.\*

\* *Bibliothèque Homœopathique*, 1877

It must be remembered that while *arsenic* is a remedy in intermittent fever, it is not so in all cases, but only in those the characteristic phenomena of which are similar to the symptoms produced by it. In such cases, it is not merely a remedy, but *the* remedy. Writers on *Materia Medica* of the traditional school of medicine, while recognising the remedial power of *arsenic* in this class of fever, are unable to point out under what circumstances it is preferable to *quinine*, and when *quinine* is to be preferred to it. M. Maillot, for example, administered *arsenic* in one hundred and sixty-six cases, and *quinine* in forty-two others, and he came to the conclusion "that *arsenious acid* is not so certain in its action, as a febrifuge, as *sulphate of quinine*." The fact is, that both drugs are certain in their action, *provided* the fevers in which they are given are similar in their effects to the febrile conditions provoked by each.

In order to illustrate my meaning, I will here point out the indications for *quinine* in intermittent.

The hot stage of the fever which has its *simile* in *bark* is more regular in the time of its appearance and the duration and degree of intensity of the several stages are more equal than in cases resembling the physiological action of *arsenic*. The more general symptoms also differ. The headache present in the *bark* intermittent gives a sensation of tightness across the vertex, with roaring in the ears; the tongue, instead of the bright red appearance characteristic of *arsenic*, is large and covered with a yellowish white fur. The gastric symptoms give a sense of emptiness rather than one of pain. The abdomen, in the cinchona fever, is distended with flatus, and constipation is more frequently present than is diarrhoea.

*Ipecacuanha*, *nux vomica*, *gelsemium*, and *cupatorium perfoliatum* and some other drugs all give rise to a febrile condition of an intermittent type, resembling cases occasionally met with in practice. Therefore, while it may be true that *quinine* and *arsenic* will meet the requirements of the majority of cases, there is no one remedy which is specific to the generic disease called intermittent fever.

The physiological action of *arsenic* presents also a striking likeness to the symptoms of typhoid fever in its later stages. The records of the *Materia Medica* prove



this abundantly. M. Imbert-Gourbeyre in his essay on *The Febrigenic Power of Arsenic* (*Brit. Jl. Hom.* vol. xxiv., p. 82), adduces many additional facts in support of this position, showing the resemblance between the *post mortem* appearances in some cases of *arsenical* poisoning and those present in fatal cases of typhoid.

It is during the second week of typhoid that the symptoms most closely resemble those produced by *arsenic*, when, with evening exacerbations, there are weakness, diarrhœa, and restlessness, with nocturnal delirium and great anxiety.

The indication for *arsenic* becomes still clearer when we have in addition abdominal tenderness, distension and flatulence. Few, if any well proved medicines, present in their action on the healthy body phenomena more like those characterising the second stage of typhoid fever, than does *arsenic*. Ulceration of the intestinal glands, is perhaps a more marked and constant product of *mercurial* than of *arsenical* poisoning, but when we come to consider the entire group of phenomena, the totality of the symptoms, we shall generally find that these are more like those occasioned by *arsenic* than by *mercury*.

Again, in that terrible scourge of the Southern States of American Union, the West Indies and South America—yellow fever—*arsenic* is, in many of the worst cases, a most trustworthy medicine. Dr. Holcombe of New Orleans, who has probably had a larger experience of this fever than any physician in the United States, writing in the *North American Journal of Homœopathy*, shortly after the termination of the yellow fever epidemic of 1853, says, that when the second stage comes on, when the cerebro-spinal symptoms are disappearing or much ameliorated and the patient complains of nausea, prostration, acid or burning sensations, pains in the abdomen, thirst, restlessness, &c., *arsenic* is one of the main remedies. How similar the symptoms of this stage are to those arising from *arsenic*, he proves by an extract from Dr. Taylor's account of the effects of this poison in his well-known work *On Poisons*. In each succeeding epidemic, *arsenic* has been relied on in this stage in a large number of cases; while in many the poison of the *crotalus horridus*, which has a very similar, but somewhat more profound action on the blood and tissues, has been found more rapidly curative.

Dr. Belot, of Havana, who is not supposed to be a homœopathist, has taken a leaf out of Dr. Holcombe's homœopathic deductions, and uses *arsenic* under precisely similar conditions in yellow fever. Of it he says: "Whilst it may be difficult to appreciate its action in theory, its happy influence in this case is as certain as *sulphate of quinine* in intermittent fevers."

Another febrile condition, in the course of which *arsenic* is generally indicated, is acute epidemic febrile catarrh or influenza. The physical prostration which is so conspicuous in the influenza patient is one of the best marked of the effects of arsenical poisoning. In addition, frequent sneezing, with coryza; stuffing in the nostrils, with coryza, the consequent nasal discharge of watery mucus, causing a burning and smarting of the nostrils; coryza with hoarseness and sleeplessness are symptoms common to both states. It is especially during the period of great exhaustion which follows the early acute symptoms of influenza or of an ordinary nasal catarrh that *arsenic* has been found to be so useful.

In the second edition of his elaborate work on hay fever, Dr. Blackley, of Manchester, writes: "Of all the remedies I have had an opportunity of testing, I must give the palm to the *iodide of arsenic* for its prophylactic properties in the early stage of hay fever. The dose I used varied from one to two grains of the third decimal administered three times a-day."

I have already described in general outline the prominent features of the effects of slow arsenical poisoning. Examined more minutely, these effects resemble very closely some forms of dyscrasiac disease which we will now consider.

In chronic arsenical poisoning the complexion is described as white and pasty-looking in some cases, in others it has a pale, bluish-grey colour, while in others, again, a dusky brown colour has been observed.

Dr. George Harley, in an essay on "Chronic Poisoning," *Lancet*, November, 1861, has shown that *arsenic* has the power of retarding the metamorphosis of the constituents of the blood and thereby affecting tissue changes. This observation goes far to explain the characteristic cachexia to which it gives rise.

In such cases we further notice great emaciation, with lassitude and proportionate loss of strength. Nothing,

indeed, is more clearly marked in the records of the pathogenetic properties of *arsenic* than is the extreme exhaustion of strength both physical and mental which it produces. With great restlessness and anxiety there is a gradually increasing loss of motor power, which, carried to an extreme point, terminates in paralysis. Of appetite there is usually none; if any exist, it is capricious with a marked preference for acids. There is also a constant burning thirst with a desire for acid fruit and drinks. Nausea, eructation, vomiting with burning and tenderness at the epigastrium, and purging to the extent of being involuntary, are all well-marked effects of arsenical poisoning. The urine is passed in small quantities, and is in some instances completely suppressed. At the same time there is often œdema, especially noticeable in the face and extremities. Respiration is frequent, difficult and oppressed. The heart's action is irregular, the pulse frequent, small and weak.

The course of many chronic wasting diseases is very generally marked in some part of it, especially in their later stages, by symptoms similar to those which result from slow *arsenical* poisoning.

Of such a disease, pernicious, or progressive, idiopathic anæmia is a good illustration. It is one moreover which, prior to the use of *arsenic* in its treatment, had been uniformly fatal. Further, it is a disease which, in a considerable proportion of cases, presents a condition strikingly similar to that produced by *arsenic*, and in its treatment the results of using *arsenic* have but confirmed the remedial value of a homœopathically indicated medicine. This, be it observed, not only in the hands of avowed homœopaths, but Dr. Bramwell of Newcastle, Dr. Finny of the City of Dublin Hospital, and Dr. Stephen Mackenzie of London, have all testified to the advantages derived from using *arsenic* in this very fatal disease. Dr. Coupland, in the Goulstonian Lectures for 1881, says of *arsenic*—"It is almost the only drug which has been successful in the treatment of idiopathic anæmia, which more often resists all medication. Besides the leading symptoms of the disease, which are all represented in a well marked case of *arsenical* poisoning, we find two which are especially characteristic, viz:—(1.) pain and tenderness extending along the tibia. (2.) The degeneration of the blood corpuscles, as seen in their

altered shape, revealed by the microscope, is also similar to that which Christison notices as having been observed in *arsenical* poisoning.

In a thesis on lympho-sarcoma of the lungs (another name for progressive anæmia, a disease which has as many designations as a Spanish princess), presented to the University of Strasburg by Carl Marzolph when a candidate for the degree of doctor of medicine, the author, after having dwelt on the value of *arsenic* in its treatment, says that three physicians of Schneeberg attributed 75 per cent. of the deaths among the miners of that town to lympho-sarcoma of the lungs.

"According to them," writes the author, "by the inhalation of dust, *arsenic*, in its nearly insoluble combination with *cobalt*, is conveyed undecomposed to the bronchial glands, and becoming liberated sets up there a state of irritation which causes the glands to swell. Other arsenical compounds, as for example the combination with *sulphur*, do not have this effect. If this be really the case, which can hardly be doubted after the careful observations of these physicians and after Cohnheim's *post mortem* investigations, then this is one of those cases where a disease may be caused by the same remedy as cures it, which Hahnemann has made use of for the establishment of his theory. I may remind my readers of the well-known observation, that we can cure chronic eczema by the same chemical irritant as can inflame the skin, *e.g.*, tar. In like manner, we may imagine that *arsenic* has an irritating affinity to the lymphatic glands, which enables it, on the one hand, when applied for a long time, to bring healthy glands into a morbid state of formative activity, and on the other to bring back to the normal state morbid processes occurring in the gland."\*

While, however, *arsenic* is homœopathic to a large number of cases of idiopathic anæmia, it is not so to all. In not a few the symptoms will indicate *phosphorus* as affording the truest simile, and it is only by carefully comparing the symptoms presented by the patient with those recorded as due to the action of these two drugs that you will be able to make a correct diagnosis of the right medicine. In an interesting paper on this disease, in the *Annals of The British Homœopathic Society* (August, 1879), Dr. Blackley, of Manchester, has placed before us a comparative view of the symptomatology of

\* See an abstract in *Brit. J. Hom.*, vol. xli., p. 898.

*arsenic* and *phosphorus*, so far as they relate to progressive anæmia.

In *The Lancet* (February 28th, 1885), Dr. Finlay, of the Middlesex Hospital, reports a well-marked case in which *arsenic* appears to have failed to do any good, and the patient subsequently recovered while taking *iron*. It is, however, exceedingly difficult to gather any therapeutic instruction from this case, as the *arsenic* was given in much too large a dose. After a fortnight of five drops of *liquor arseniatis* three times a-day, the patient had an eighth-of-a-grain of the *arseniate of iron* every six hours. Symptoms of arsenical poisoning followed, and two days after the medicine was discontinued, the patient being "not a whit the better, but rather worse, for the *arsenic* he had taken." A medicine, the physiological action of which is similar to the pathological physiology it is given to remedy, must be prescribed in at least a comparatively small dose. Large doses are only suitable for antipathically-indicated palliatives. This patient, however, recovered after taking *iron*. How far the *arsenic* is to be credited with the cure, and how far the *iron* merely antidoted the physiological action developed by the *arsenic*, are legitimate, though insoluble questions.

The deterioration of the blood which marks alike the course of progressive anæmia and chronic arsenical poisoning is a condition present in other forms of disease to which *arsenic* is homœopathic. It is to this state of the blood that the adynamia which is marked by hæmorrhages is due. It is in a like condition that *arsenic* has given rise to epistaxis, hæmorrhage from the bowels, and petechiæ. Stillé, of Philadelphia, is quoted by Dr. Hughes as writing: "The microscopical and chemical peculiarities of the blood under the action of *arsenic* are of great importance in relation to the changes which the solids undergo, to the hæmorrhages from the nose, the digestive canal, the urinary passages, to the ecchymosis found in the lungs, pleuræ, pericardium and heart, and to the occurrence of dropsy during the use of this medicine." Dr. Imbert-Gourbeyre, has shown by several cases (*Brit. Jl. Hom.*, Vol. xxii, p. 519), that *arsenic* produces epistaxis, and is therefore a remedy in this form of hæmorrhage. This is true, but it must at the same time be remembered that epistaxis arises from very opposite causes, as indeed

do hæmorrhages from other parts of the body—and it is to hæmorrhages due to the adynamic and not the plethoric state that *arsenic* is homœopathic.

In like manner old and irritable ulcers on the lower extremities, originating in malnutrition, are due to the adynamic condition, consequent upon living in a state of semi-starvation and an unhealthy atmosphere, while struggling to obtain the means of existence by hard work. Of such cases many present themselves for treatment at our dispensaries, and derive great advantage from *arsenic*. Ulcers of this type are characterised by thick elevated edges, a readily bleeding surface pouring out thick grumous discharge having a most offensive smell, while the pain is burning and constant. Of cases of this kind I reported one some years ago, which is sufficiently characteristic both of the kind of ulcers homœopathically indicating *arsenic* and its value in the treatment of them to induce me to reproduce it.

W. H., æt. 37, admitted at the York Homœopathic Dispensary July 11, 1864. A discharged soldier, married, and has two children. He went with his regiment to India in 1849. Had scurvy on the voyage. While in India suffered repeatedly from the effects of this illness, and further enfeebled his constitution by dissipation and two attacks of syphilis. In 1857 he left the service invalided.

Twelve months after landing, ulceration commenced in the left leg. The sores then formed have never healed. He has been exposed to much hardship from his leg rendering him incompetent to earn more than procured for him the very poorest of food. He has all the appearance of a man suffering from disease and semi-starvation. There are three sores; one a large one, over the inner and posterior surface of the left calf, and two smaller, one over each ankle. Each is deeply excavated, the margins thick and callous; discharge is profuse and green in colour; the effluvium powerfully offensive.

He has been a patient during the last five months at the York County Hospital. The first two months as an in-patient, during which time he had all the advantages to be derived from perfect rest, good diet, and careful nursing. When I saw him the sores were thickly covered with linen, having some ointment thickly spread over it, the whole being bandaged. He states that he was somewhat better after having been an in-patient, but that since he has been made an out-patient, he has retrograded, and is now no better than he was when first admitted to the hospital.

I ordered the immediate removal of the ointment and bandages; the sound parts of the limb to be well washed with soap and warm water, and the sores to be irrigated with warm water. This being done, he was directed to apply simple warm water dressing with lint and sheet gutta percha, retaining it by a light bandage. To order him good diet was useless. He lived almost exclusively on tea and bread, and had no means of gaining any other kind of food. His occupation was that of a groom.

*Presc.*: R̄ *Pil. Arsen.*, 3. One every three hours. In two days the offensive smell had all but entirely disappeared, and the discharge was much diminished. On the 27th (a fortnight later), the report is "very much better; ulcers quite clean, no offensive smell; healing rapidly going on." The same medicine was continued at longer intervals.

Improvement steadily went on, and on the 17th of August (five weeks after admission), he stated that he felt better than he had done for three years. A month later, when the sores were nearly healed, one on the left ankle looked somewhat "angry." It was sore and painful, and the discharge greenish.

*Presc.*: R̄ *Pil. Bellad.*, 3. One three times a day. The inflammatory action speedily subsided, and in the course of the next two months the ulcers quite healed. During the first week in December he went to Leeds in search of work, and walked back to York the same day, being apparently no worse. He then began selling hot coffee between five and six o'clock in the morning to the men going to work at the Railway Station, and during the day had a stall in the street. The long standing during severely cold weather, together with his want of success and consequent lack of food, produced a partial relapse during the last week of December, and the cicatrices of the old ulcers again opened to some extent.

*Presc.*: R̄ *Pil. Arsen.*, 3. One every four hours. He continued to take this medicine for six weeks, when all the sores were perfectly healed. Two or three weeks later he obtained a situation as groom to a gentleman in Leeds, and I lost sight of him until June, when I met him in York, looking strong and well, and he told me that he had had no return of the ulcers since he left the dispensary at the beginning of February.\*

Many similar cases have been cured in the same way in our homœopathic hospitals and dispensaries, and for the same reason—the medicine given is one which will produce a similar condition in healthy persons.

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\* *Monthly Hom. Review*, vol. xi, p. 520.

Further, ulcerations on the lips, tongue, throat and genitals, have resulted from *arsenical* poisoning. Of its power to excite ulceration and gangrene of the sexual organs both in man and woman, Dr. Imbert-Gourbeyre has collected numerous well attested instances, his essay containing them, is translated in the 23rd volume of the *British Journal of Homœopathy*. He sums up the evidence he has brought forward in the following words:—  
“Rapid gangrenes, preceded or not by inflammation, swelling of the penis and scrotum, ulceration of the genitals, inflammation of the glands, vesicular eruptions changing into ulceration, which sometimes becomes gangrenous, eczema of the scrotum, paralysis of the genital organs; such are the various conditions caused by *arsenic* in this anatomical region.”

In some cases of cancer *arsenic* is, by the peculiar character of its influence on the quality of the blood, as well as the symptoms of general constitutional adynamia it produces and the local burning and ulceration, well indicated and often useful. Its use locally is a very ancient practice.

To its escharotic action any good it has accomplished here has been very generally attributed. But while the application of *arsenic* has rendered service in cancer, other escharotics have been tried over and over again, either without any or but very little advantage. Hence it is perfectly justifiable to assume that it is to a special influence possessed by this particular escharotic, to its action upon nutrition in general, rather than to any process of mere local destruction, that any advantage which accrues from using it is derived.

It is in epithelioma that *arsenic* can be prescribed with the greatest advantage. Of this form of cancer in the gums, a very well-marked case came under my notice six or seven-and-twenty years ago. The patient was a cook in a clergyman's family, and her condition was regarded as hopeless by the surgeons of the Manchester Royal Infirmary, as well as by others who had been consulted. This small livid tumour, the source of so much anxiety, was entirely dispersed in a short time by the daily application of two grains of the 2nd centesimal trituration of *arsenic*, while the patient's health, which had been very sensibly deteriorating for some time, speedily improved. There could have been no true escharotic



action from so small a dose as the 5,000th part of a grain, while judging from the influence of such a dose in other forms of disease, it may be assumed that it did modify the constitutional dyscrasia which had culminated in the development of an epithelioma.

In the *Brit. Jl. Hom.*, vol. xx., the late Mr. Joce, of Barnstaple, gives reports of several very interesting cases of cancerous disease of one variety or another, in which the local application of *arsenic* was followed by unusually gratifying results.

Even in the advanced stage of ulcerating cancer, where all hope of cure is out of the question, there is in my experience no medicine which gives so much relief to the sufferer as *arsenic* does.

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## STOMACH PAINS, CRAMP, GASTRODYNIA AND CARDIALGIA.

By BERNHARD HERSHEL, M.D.

Translated by THOMAS HAYLE, M.D.

(Continued from p. 353.)

### *Nux Vomica.*

THE proving of *nux vom.* is one of the most excellent. We have here, as in general, so also for gastric pains, very indicative symptoms.

In the stomach: Pain, and heat, tearing, burning at the fundus, tension pain as of a stone, throbbing, inflammation, aching spasmodic pain from the throat to the epigastrium, constriction, pinching, cramp in the stomach, scraping, great tenderness on external pressure with nausea, when the hand remains lying, feeling as if the stomach turned about something. Drinks lie heavy on the stomach.

In the epigastrium: On the touch painful distension, pressure, ache, exciting tightness of the chest; shoots, feeling of burning, chilly burning, like a bruise, chaffy feeling.

The gastric symptoms are also very well marked: Bad smelling, sour breath, white tongue; dry, slimy, raw and sore in the mouth; frequent flowing out of water, watery saliva, frequent flow in the mouth; chaffy and scratchy in the windpipe, as if from heartburn, also in the fauces,

in the gullet; taste as from disordered stomach, bitter, yet food and drink taste well; unpleasant, almost sulphury, sweet, sour, slimy, disgusting, herbaceous and metallic, saltish, and putrid, loss of taste; stinking of food and drinks; repugnance to nutriment, especially to bread, tobacco, and coffee; loss of appetite, hunger but speedy satiety, periodic; thirst for milk, great burning; after drinking immediately flatulent distension; belching, with this the gullet as if spasmodically constricted; frequent, unpleasant, eructations, of a bitter and sour fluid; in the night sour, painful, rancid; heartburn, hiccough, nausea constant, with flow of saliva, quite early; disgust, choking, vomiting, retching, with a clean tongue; vomiting sour, of mucus, of blood.

Before eating, emptiness with hunger. During eating, fainting, nausea, fugitive heat. After eating, as if too full, dissatisfaction, mournfulness, hypochondriasis, chilliness and heat in the face, and head, sweating down the whole spine, aggravation of all the feelings and digestive trouble, especially of the belching, of the flabbiness, nausea, stomach-ache, of the flatulent distension in the abdomen.

*Clinical.—Cured.*

\*Haustein has two cases of cardialgia with *nux vom.* 200 and 3rd dec. Consisted during one year of tearing, shooting, distention at the epigastrium, aggravated by a full meal, cold, did not bear pressure; constipation, congestive states to the eyes and ears. Cure in 17 days after one dose. Sick for 5 weeks from aching, throbbing and constriction of the stomach, relieved by external warmth and bending forward; tenderness on pressure; gastric states, retching, constipation. †Cure in 6 days after three doses daily.

Hofrichter contributes in the *Allg. H.Z.*, under the title "Magenschmerzen," a number of (38) *Nux Vom.* cases which are in the main neuroses, only some few times did catarrhal febrile states prevail among them.

Compare Bd. 45, s. 148, 1-5, 7; s. 150, 9; s. 153, 14; s. 162, 17; s. 164, 20; s. 167, 22, 23, 24; s. 168, 25; s. 180, 30; s. 181, 33; s. 182, 35, 36; s. 183, 37; s. 203, 39, 41, 42; s. 204, 44, 45; s. 220, 53; s. 221, 54, 55,

\**Allg. H. Z.*, Bd. 44, s. 339.

†*Allg. H. Z.*, Bd. 44, s. 380.

s. 222, 57 ; s. 224, 61 ; s. 238, 62 ; s. 240, 67, 69, 70 ; s. 255, 76, 78 ; s. 256, 79 ; s. 265, 81 ; s. 267, 85. In these cases the pains\* were in the stomach, epigastrium. Ache, 20 times ; like a stone, once ; constriction, five times ; squeezing once ; pressing together, once ; burning, four times ; tenderness, once ; pain without further specification, once ; distension, once ; heaviness like a stone, twice ; like a weight, once ; feeling of soreness, once ; shoots, four times ; pains in the region of the pylorus, once ; cramp of the stomach, once.

b. Other feelings in the stomach and epigastrium : shaking of the stomach, once ; trembling, once ; jerking, beating, pulsation, twice ; fulness, once ; feeling of swelling, once ; distension, three times ; swollen, once ; as if filled with nuts, once ; like turning over in the stomach, once.

c. Occasioning and aggravating circumstances : worse after eating, 10 times ; after acid and flatulent food, once ; only tolerates soup ; after bread, once ; after warm bread, once ; painful to touch, once ; worse on pressure, four times ; by deep breathing, once ; after drinking, twice ; after beer, once ; after coffee, once ; after water, once ; pressure of the clothes not borne, four times. The individuals were drunkards, twice ; given up to coffee, subject to piles, flowing, once ; suffered at small intervals.

d. Circumstances of amelioration : better after eating, three times ; after moderate meal, once ; warmth, twice ; after warm wrappings, once.

c. Relations of time : worse in the morning, four times ; in the afternoon, once ; better in the morning, once ; at night, once.

Concomitant gastric states : tongue white, twice ; dryness of mouth, once ; absence of thirst, five times ; thirst, four times ; mucus in the mouth, once ; taste bitter, twice ; nasty, twice ; sour, twice ; loss of appetite, five times ; repugnance to meat, twice ; appetite for acids, once ; for hot food, once ; belching, three times ; sour, once ; abortive, but giving relief, once ; waterbrash, eight times ; vomiting of water, four times ; filling of mouth with water, twice ; flow of saliva, once ; spitting of mucus, regurgitation of mucus, once ; heartburn, three times ;

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\* We throw the cases together for the sake of brevity, and from them give the following résumé.

burning of the gullet upwards, once; nausea, nine times; on the chest, once; as if to vomit, twice; spasmodic choking, four times; vomiting, three times; once after coffee; fat of food, twice; of blood, once; vomiting of mucus, seven times; acid, twice; scratchy, once; salt, once; green bitter, twice; flatulence, once; straining at stool, once, diarrhœa, twice; stool rare, six times; crumbling, twice; hard, nine times; constipation, nine times.

*g.* Other concomitants: Headache, three times; heat in the head, twice; giddiness, three times; sleeplessness, three times; drowsiness, twice; like a lump in the throat, once; yawning, once; sneezing, once; oppression of the breathing, twice; palpitation, once; shooting in the cardiac region, once; in the chest, once; trembling in the chest, once; weight on the chest, once; cough, four times; dilatation of the stomach, once; the liver hangs down, twice; feeling of weight in the liver, worse on sitting; shooting in the spleen, once; ache in the left hypochondrium, once; pain of soreness in upper abdomen, once; pain in the lower abdomen, once; pinching in the hypochondria; in the stomach, once; about the navel, once; griping and pinching about the navel, once; pain about the navel, once; biting about the navel, once; aching about the navel, twice; constriction about the navel, once; distension of the abdomen, once; weight of the abdomen, as from flatulence, once; prolapsus of the rectum, once; urine like dark beer, twice; now red, now pale, once; pale, once; red, twice; and scanty, once; white, cloudy, once; urgent micturition, twice; chilliness, six times; before the attack cold in the extremities, once; sweat, three times; pains of the limbs, once; trembling of the whole body, once; yellow on the chest and face, once; tearful mood, troublesome dreams, once; hypochondriac, once.

*h.* Extension of the gastric pains: In the throat, once; in the chest, once; in the intestines, once; in the body, once; in the navel, once; in the short ribs, twice; quite to the back, three times; between the shoulder-blades, five times; aching, once—to the back twice. In No. 17, s. 162, a febrile attack appears to have been present. After *nux. china* was of service. In No. 20, s. 164, aggravation occurred at the commencement; after *nux vom.* head and face-ache, palpitation,

then improvement. In No. 36, s. 182, *nux* was of service after various remedies. A cure followed even after one year's duration of the affliction, after 6 days, 7 days, 14, 18, 20, 21, 26, 28, 30, 38 days, after two months, and in some cases also after some months.

He who knows the *nux vom.* actions will see from the above schema that in many histories of disease the admission of symptoms must have been no careful one, or otherwise the indications for *nux* must have been present in greater number, which we will soon find further on.

\*Wurmb, who must have frequently observed results from *nux* in cramp of the stomach, declares expressly that it is only suitable for such cases as are occasioned by nervous derangements. † Here also belongs Perutz's case, which he calls vomitus chronicus. A girl, 19 years of age, with weak menses and scrofulous, vomiting when fasting, and after eating, or even drinking a mouthful of water. With this tenderness in the epigastrium on pressure, the vomit consisted of the food coagulated, grey mucus; stools rare, with pressure and straining. The evil, called by many allopaths gastric ulcer, immediately came to a standstill, and soon a perfect cure, also with the stool and menses regular.

Hencke tells of raking, constrictive chronic gastric pains in a woman 46 years old, a coffee drinker, with yellow complexion, repugnance to food and coffee, distended abdomen, painful ache at the epigastrium, slow stool with straining, hepatic affection, aching dull pain. *Nux vom.* 15 is said to have aggravated; *nux vom.* 30 cured. After her cure she again drank coffee.

A "Klinicke raritat" of Dr. Kafka is a case of gastralgia, which it was pretended caused an irritation to masturbation, with congestion of the head; tenderness of the lumbar vertebræ to pressure, which excites the gastralgia and nymphomania; slow stool; weakness is connected with it, and especially consists of stomach-ache. *Nux vom.* 3, morning and evening one drop, cured perfectly in four weeks. Here also belongs ‡ Kafka's case, related under the head of *calc. c.*, Gastro-

\* *Allg. H. Z.*, Bd. 51, s. 42.

† *Allg. H. Z.*, Bd. 54, s. 71.

‡ *Z. F. H. Kl.*, Bd. vi. s. 115.

pathia chronica cum Priapismo sympathetico, where *nux vom.* in alternation with *calc. c.* cured.

\* Reils indications for *nux*, which, however, are really not characteristic, run: Swelling of the liver, especially of the left lobe; icteric colour; hard, knotty stool, or whitish clayey diarrhœa; pain in the forehead or occiput; pyrosis or vomiting of pure, tasteless, bitter water; abuse of alcoholic drinks and coffee.

C. C. Müller, who naturally reckons *nux vom.* among the active medicines in gastralgia, mentions† also the cure of a gastric ulcer by *nux vom.*, *arsen.*, *carb. veg.*, in which the principal action would be attributed to *arsenic* if we only knew the exact description.

In †chlorosis, according to the same author, it will also be active in affections of the stomach, intestines, and the liver. A quite useful characteristic §Meyer gives: in the foreground stands an aching pain, beginning with tension and expressing itself in pinching raking after eating. Sometimes there is perceptible a feeling of narrowness in the cardia, the pain often causes trouble in breathing. The epigastrium is distended. The pains are increased on slight pressure, diminished by deep pressure (this is quite characteristic of *nux*), or by bending the body forwards, compression of the stomach. Belching is, at the commencement abortive, painful, but relieves for a time, is tasteless, or has the taste of the food or drink, or in gastric catarrh is sour, with putrid regurgitation, nausea, flow of saliva, vomiting. This last relieves. The remissions are free with the exception of tenderness at the epigastrium. Drinks do not, but solid foods recall it; coffee is more frequently an occasional cause. The appearance in the morning is not especially characteristic; after supper the attack may come on in the night. Gastric catarrh is an accidental complication, especially in toppers, where *nux* is particularly useful. Constipation often occurs, but the stools may be normal. Other reflex appearances, as headache, giddiness, &c., are not of essential importance. In twelve cases *nux* cured seven times.

Lobethal ¶ says:—"The nervous congestive forms arising from the abdomen as well as the pure nervous

\* *Z. F. II. Kl.*, Bd. 1, s. 71.

† *Vj. Schr.*, Bd. viii., s. 432.

‡ *Allg. II. Z.*, Bd. 13, s. 275.

† *Vj. Schr.*, Bd. v., s. 241.

§ *Vj. Schr.*, Bd. ix., s. 443.

¶ *Allg. II. Z.*, Bd. 13, s. 275.

forms of cramp in the stomach, frequently find in *nux* *com.* a radical cure, or at least an essentially favourable change. With this Knorre\* also agrees, who calls it in these cases one of the most indispensable and remarkable medicines for cramp in the stomach. The cases arising from plethora and congestive states of the abdomen appeared to him more frequent than the hæmorrhoidal or those from derangements in the menstruation. Diez† knows of *nux* employed not merely in cardialgia, but in commencing schirrus, in atrabillious constitutions and disposition to hæmorrhoids, as well as in spasmodic pains with costiveness.

With this agree also essentially Bosch and Kammerer. Heichelheim names also a chill in the abdomen as an occasional cause in an endemic form in worms. Werber‡ defines the indication as increased sensibility of the gastric nerves with less irritability of the muscular fibres.

Bœninghausen is of opinion that people frequently attribute to *nux* more than it can perform, and consequently abuse it.

Hartmann and Hering call our attention to coffee and brandy drinking as occasioning elements.

Ruckert says, no medicine has been employed so often, and proves this by the immense number of seventy-one cases which have been reached, even approximately, by no other medicine. The greater number of patients are females. Choleric temperament, robust constitution, rigid fibres, irritability, vexation, weakness, leanness are to be observed.

The form presents itself as nervous gastrodynia, and is symptomatic rather than anything else. No. 59 and 60 point to an organic affection. In No. 61, the chest has not been explored, and here as in No. 60, 77c—77g vomiting is predominant. In No. 67, spinal irritation appears to be present. Of organic affections, there is in Ruckert's opinion not much indication.

The pain is especially aching, constrictive, grasping, spasmodic, scraping together, pinching, more rarely burning, shooting, tensive, like shocks—in the stomach and epigastrium. The last is once drawn in, once as aching and sore, with gnawing pain, three times on eating with obstruction in the cardiac orifice. The pain

\* *Allg. H. Z.*, Bd. 5, s. 275. † *Hygea* 18, 5, 446. ‡ *Hyg.* Bd. 6, s. 320.

occurs soon after each meal, periodically, several times a day, in the morning fasting, at night; extends to the back, shoulders, sacrum, even to the fundament (drawn in), to the chest, abdomen. The epigastrium is tender to the slightest touch and to the clothing.

Accompanying troubles: Giddiness, headache, buzzing in the ears, want of appetite, great hunger with fear of eating, thirst; tongue white, yellow at the edges (like a shot), waterbrash, nausea, heartburn, sour and empty belching, empty choking; sour regurgitation, strongly acid smelling and tasting; vomit of food, mucus, bile; flatulent troubles; distension of the abdomen; heavy feeling in the upper part of the abdomen, like a stone; gurgling noise in the abdomen, tightness of the abdominal muscles, and drawing in of the lower part of the abdomen, slow, hard stool (only three times diarrhœa); pain in the rectum; hæmorrhoids; menses copious, too early; oppression of the chest with anxiety; convulsions, stretching, yawning; pain in the back, spiritlessness, yellow look of the face; emaciation; aggravation after the use of food and drink, especially after black bread, meat, vegetables, coffee, more frequently immediately than later; once by movement of the arm; once by loud speaking and singing.

Relief by bending forward, and compression, once by vomiting and rubbing the epigastrium with warm applications.

After *nux vom.*, *carb. veg.* often suits. In 31 cases *nux vom.* cured 25 times. Dose of the tinctures 1, 3, 4, 9, 12, 21, 30, generally frequently repeated. The cure even in inveterate cases of several years, followed quickly,—four days—four weeks. Where there is vomiting of blood, and a plethoric disposition dependent on abdominal states and chronic gastric affections, *nux vom.* is to be taken into consideration, as eight cases in Ruckert show, when there are also present hæmorrhoidal and menstrual anomalies, congestion to the head, nausea, retching, fulness in the epigastrium, stomach-ache and burning, pain in the spleen, constipation, region of the stomach painful on touch; anxiety and pressure in the præcordia; aggravation on the slightest pressure of the epigastrium on breathing and sitting up.

Kreussler supposes the same relations for *nux vom.* and *opium* with which *Cerealus* and *Ignatia* may be joined:



where there is more congestion than cramp, great sensibility of the stomach and epigastrium; after eating, ache and cramp; sour risings; vomiting of white mucus or food; general feeling of heat with restlessness; oppression; full, hard pulse; slow evacuation of stool; anomalies of menstruation are often the cause of these "blood cramps."

Hartmann, who finds *nux vom.* next to *cham.*, specific after *coffea*, is inclined to consider it indicated in gastric cramp after suppressed eruptions, also in the vomitus potatorum, in general in cardialgia gastrica flatulenta, and metastica, sanguinea, hysterica. The chief character is constriction, ache, pinching, scraping, cramp, as if the clothes were too tight or as if wind was collected in the hypochondria. Aggravation after eating and coffee, the menstrual period, with tight chest and extension to the shoulders and sacrum. The accompanying troubles have been stated above. Also in callosities of the stomach *nux vom.* will be a good medicine.

Compare also, in conclusion, the appendix of Delorme to Ruckert, where several more cases are mentioned. S. 237, &c.

*Oleum Animule.*

The recommendations of the old school for cardialgia, which the new has made no use of, have been confirmed by our physiological provings—for they set out:—

Internal and external soreness; pain over a small spot, increased by pressure; ache; constriction, as with a cord; shooting, with mounting up of heat, feeling of burning; bruised pain about the stomach, also after dinner, with pain on pressure, going off on rubbing; great warmth as of fire in the stomach, or cold like ice, as if the stomach were full of water up to the throat, as if something twisted itself up, like vomiting; painful feeling of fasting; stomach as if outstretched, and gutted; rumbling and noise.

Precise indications cannot be drawn from these symptoms. Many of these expressions of pain as well as the gastric symptoms, may as well be the consequence of a toxic action from too large doses, which have not been confirmed clinically. But a trial in neurosis would have much in its favour, since the action of this medicine on the splanchnic nerves is not to be denied.

*Opium.\**

Here the opposition of the two schools shows itself. In the old, *opium*, from its peculiar properties as a narcotic, is a principal medicine in cardialgia, in ours it is employed by few, and rarely, because exact relations to the stomach are wanting.

With the proper reflex movements, as belching, hiccough, nausea, retching, vomiting green, sooty, bloody, pains are especially to be remarked: indescribable troubles in the epigastrium; ache, extremely troublesome, violent, with pain; lessened by walking; squeezing; constrictive; intolerable, bringing on death agony; drawing movement in the stomach and bowels; cutting, first in the stomach, then in the small intestines; violent pains in the stomach; painful distension of the stomach or feeling of it. The condition is relieved by movement; great constriction of the intestines; colic. If there is gastric weakness, disturbed digestion, atony of the nerves or failure in peristaltic action, little hyperæsthesia, probably where colic in the small intestines is at the same time present after a chill, or great restlessness, general excitation.

George Schmidt praises it in neuralgia cœliaca.

Noack and Trinks have in the clinique of the A.M.L. overlooked gastralgia.

Kreussler † ranks it together with *nux rom.* when congestion comes forward rather than the spasmodic element in anomalies of menstruation (?). It is then surprising that homœopathic literature says so little of it. It is also not known to me that homœopathic physicians make frequent use of it.

Hofrichter † is the only one who relates two cures. In one case the pain was at the lowest right ribs down to the stomach, then vomiting of mucus. External pressure, painful; stools soft; feet and hands icy-cold. After eating, heartburn, pain even to the spine; *bry.* did nothing; *op.* 1/10 4 doses cured. Here a chill was probably the causal element. A second § case was that of a patient, who suffered from tœnia, and had grass green

\* Hahnemann's introduction to the proving of *opium*. R. A. M. L., has some golden words on the sedative effects of the same.

† *Ther. al. and Chron. Kr.*

† *Allg. II. Z.*, Bd. 45, s. 219.

§ *Allg. II. Z.*, B. 45, s. 316.

vomiting like verdigris of immense masses of mucus ; continual choking, ache as of a stone, indescribable nausea coming up from the navel, restlessness, raving gestures, howling, loss of appetite, sour taste, white-coated tongue, thirst, desire for beer, constipation, pale urine and irresistible desire to go out, which relieved. From time to time, these troubles set in, whilst weeks in the interval were free. *Ipec.*, *asa.*, *nux vom.*, *verat.* and *tab.* did no good ; *op.* 1/10 lasting. In remarkable support of our opinion, Hofrichter finds it necessary in some measure to excuse his employment of it. Certainly the great restlessness of the patient has occasioned his use of it. What is true of *opium*, is also true of *morphia*.

#### *Petroleum.*

Strongly marked are: Belching, hiccough, nausea, vomiting, acidity, heartburn, water-brash. In the stomach: ache, fasting, going away by eating, scraping, as from a chill ; stomach and abdomen painful, at one time distended, at another drawn together ; cutting about the stomach with urgency to stool ; unbearable weight, distension, relaxation, great feeling of emptiness, like hunger, epigastrium, thick, painful to the touch, feeling of fulness ; rest ; pinching ache from drinking, flatulence, as if something was torn away.

From this proving undertaken by patients, and with small doses, no characteristic picture of a gastric disease can be drawn. The chill-element comes out, as a feeling of colic, then the dyspeptic ; but pure neurosis expresses itself.

V. Meyer lays stress in his recommendation, upon aching, scraping, drawing (the last is not to be found in the provings), when it is relieved by renewed eating. Generally healing occurred quickly and lastingly, as in chelidonium, which has this amelioration ; in other cases, this purely symptomatic occurrence, which other medicines also produce, has led him astray—a proof that no great weight can be laid upon it, and that more definite characteristics still are wanting.

#### *Phellandrium.*

Proving symptoms : stinking, abortive belching ; feeling as if rough vapour from the stomach as if full of

water, which will regurgitate like the turning round of a great round body, which falls down; flabbiness, emptiness, with painless immense pressure on the abdomen, which disappears on belching; screwing together, after dinner, with shooting in the lower ribs; pinching and cutting about the region of the stomach; burning, long continued; indescribable, unpleasant feeling in the stomach; many gastric symptoms, as slimy, sweet, bitter taste, disgust, desire for acids, great thirst, nausea, disgust, retching with stomach-ache.

*Phell.* is clinically very little used, not at all in gastric affections. The appearances of the, as yet, very imperfect proving are predominantly dyspeptic, partly dependent on flatulence and indicating chronic catarrh, which we may conclude from the analogy of its action on the respiratory organs.

(To be continued.)

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## ON THE VARIABLE STRENGTH OF TINCTURES MADE FROM FRESH PLANTS IN DIFFERENT COUNTRIES.

BY J. M. WYBORN, F.C.S.

CALCULATIONS have been made, and the following table has been compiled for the purpose of shewing, approximately, the possible variation in strength of several important mother tinctures of fresh plants, selected as examples of preparations made according to the British and American homœopathic pharmacopœias respectively, from plants grown in dry and in wet seasons, and consequently containing *minimum* and *maximum* quantities of water.

Under the heading "Strength of Tincture," the figures express the number of *minims* which are equivalent to as much of the fresh plant as would represent *one grain* if dried.

Name.	Loss in Drying.	Strength of Tincture.			
		In Dry Seasons.		In Wet Seasons.	
		British Homœopathic Pharmacopœia.	American Homœopathic Pharmacopœia.	British Homœopathic Pharmacopœia.	American Homœopathic Pharmacopœia.
	Percent.	gr. m.	gr. m.	gr. m.	gr. m.
<i>Aconitum Napellus</i>	- 70 to 78	1 in 10	1 in 5·6	1 in 10	1 in 8
<i>Agaricus muscarius</i>	- 92 " 94	1 " 24	1 " 47	1 " 33	1 " 63
<i>Belladonna</i>	- 86 " 89	1 " 13	uncertain	1 " 17	uncertain
<i>Bryonia (dioica)</i>	- 70 " 85	1 " 10	"	1 " 12	"
<i>Conium maculatum</i>	- 74 " 77	1 " 10	"	1 " 10	"
<i>Digitalis</i>	- 78 " 88	1 " 10	"	1 " 15	"
<i>Dulcamara</i>	- 78 " 80	1 " 10	"	1 " 10	"
<i>Hypocistis</i>	- 79 " 84	1 " 10	"	1 " 11	"
<i>Sabina</i>	- 45 " 51	1 " 10	1 in 6	1 " 10	1 in 7
<i>Scilla</i>	- 70 " 79	1 " 10	1 " 12	1 " 10	1 " 17

It will be observed that in the case of *agaricus*, it is possible that the British tincture may be as strong as 1 in 24, while the American may be as weak as 1 in 63, or little more than one-third the strength; in several instances while the American tincture varies considerably, the British is constant in both dry and wet seasons; and finally, in many cases, while the American tincture is always of uncertain strength, the British is definite and varies only slightly with one exception.

In all instances the strength of the British tincture is known, and therefore the 1x attenuation can always be made of an uniform strength, *i.e.*, 1 grain in 100 minims; whereas, when made according to the American directions, it also varies with the seasons—the juice and not the dried substance, being taken as zero, whether the former be abundant and weak or scanty and concentrated.

In tinctures of dry substances prepared according to the same American pharmacopœia this is otherwise, as a matter of course, and hence another inconsistency of starting from the juice as zero.

As examples of variable 1x attenuations, I may mention that *aconitum* 1x would vary between 1 grain in 28 minims, and 1 grain in 40 minims; *agaricus* 1x between 1 in 78, and 1 in 105, and *scilla* 1x between 1 in 20 and 1 in 27, while the British preparation of each would be 1 in 100 as before stated.

The foregoing remarks concerning the American pharmacopœia apply in the main to those of Germany, and I believe to that of France.

It is obvious that the effect of these variations in the strength of the mother and first decimal tinctures is to decrease the value of clinical records of cases treated with low potencies, and renders apparent the advisability of having an international Pharmacopœia in which all such inconsistencies as those alluded to are avoided.

With other causes of variation in strength, such as the relative proportions of alkaloids in plants, roots, &c., it is not the object of this short note to deal, nor could they be adequately discussed within the limited space at my disposal.

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## REVIEWS.

*A Manual of Pharmacodynamics.* Fifth edition. By RICHARD HUGHES, L.R.C.P., Edin. London: Leath & Ross, St. Paul's Churchyard, and Vere Street, Oxford Street. 1886. Pp. 962.

We feel very much pleasure in announcing the publication of a new edition of Dr. Hughes' well known and much appreciated work on *Materia Medica*. A book which has so thoroughly well established a reputation as this has, needs no advocacy on our part to recommend it to the attention of our readers. It is enough for us to say that it is essential to the library of every physician.

This edition differs only from the last in its supplementary chapter—one devoted to the consideration of the modifications and additions required by the lapse of time. Here we find collected together a by no means inconsiderable collection of therapeutic facts and observations of much practical value. It is, indeed, a record of well nigh all the useful work that has been accomplished in therapeutics since the fourth edition of Dr. Hughes' volume appeared six years ago.

We feel sure that the present edition will have as wide a circulation, and as extended a popularity as its predecessors.

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## THERAPEUTIC GLEANINGS.

### *Burns and Frost Bites.*

*The New York Medical Times* quotes from an article by Dr. Moxley to the effect that *balsam of copaiba* freely applied over a burn will give a more correct idea of the word "specific" than anything else will do; while a few applications to frozen parts will remove all pain and soreness.

*Ferrum Iodidum in Uterine Disease.*

DR. ISAAC SMEDLEY, of Philadelphia (*Hahnemannian Monthly*), draws attention to the usefulness of the *iodide of iron* in uterine displacements. In doing so he refers to papers by Dr. Preston, of Rhode Island, published in 1850, and again in *The British Journal of Homœopathy* in 1867. The late Dr. Farrington superintended some provings of it, and the most prominent uterine symptoms evoked during them were—

Bearing-down pains in the pelvis, with feeling as if the uterus descended so as to be pushed up when sitting.

Starchy leucorrhœa.

Pressure in the rectum.

Menstruation more painful than usual.

With these symptoms present in cases of enlarged sub-involuted uterus, in retroversion and prolapsus, Dr. Smedley has found the third decimal trituration give great and often permanent relief.

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*Cannabis Indica.*

DR. G. A. RENZ, of St. Paul, Minnesota, took one half grain of *extract of cannabis indica* while suffering from hemicrania. He ate his supper and then visited a patient. During his visit he suddenly realised that he had forgotten all about himself, his surroundings, and his patient. He was entirely unaware of how long he had been oblivious of his surroundings. At 7 p.m. he felt a peculiar light feeling in the head. His knee-joints felt as if they were frictionless hinges, and his legs a weight of lead. He also had a strange feeling of numbness all over the body. It seemed an age since he had left his patient, nor was he certain that he had seen a patient at all. He next had a feeling of great satisfaction with himself and with all the world. He laughed without cause. Time passed slowly; one minute seemed like fifteen. Spaces between words spoken in conversation of others seemed like a minute to him. He had spells during which he forgot his companion's presence. In answering remarks, he actually forgot the beginning of a sentence before he had finished it. His eyes were wide open and staring, and he had a vacant expression in his face. During the spells he also had violent shiverings. In driving home, his horse seemed twenty feet away from him. The sides of the street seemed blocks away. Although the temperature was below zero, he did not seem to mind it as much as usual. When he retired he slept soundly. The effects of the drug did not wear off completely until noon

on the following day. During the morning he found it difficult to concentrate his mind even on the reading of the newspaper.—*Northwestern Lancet*, March 1st, 1886.

#### *Dulcamara in Otitis.*

DR. FOWLER, of Rochester, New York (*North American Journal of Homœopathy*), gives several illustrations from practice of the value of *dulcamara* in sub-acute and chronic otitis. "Many cases belonging to the sub-acute class are," he writes, "benefited by simply inflating the cavity of the tympanum; but, as a rule, the relief thus obtained is only temporary, and the trouble becomes chronic. Remedies to relieve the catarrhal condition of the ear, Eustachian tubes, nasal cavity and pharynx are demanded. *Dulcamara* is one of those remedies. . . . But it is not alone in sub-acute cases that *dulcamara* is useful. In chronic catarrhal inflammation of the middle ear it is sometimes of great value. It not only serves to remove the ill effects of damp, cold weather, but it acts as a prophylactic, preventing the recurrence of colds, and thus giving other remedies an opportunity to complete the cure.

"In some cases of sub-acute catarrh, when *dulcamara* is indicated, there is slight transient pain in or around the ear. It is usually of a shooting or twinging character, and is aggravated by moving the jaw. Not infrequently the membrana tympani is somewhat congested, dull and depressed. Eustachian tubes often closed by swelling of mucous membrane and accumulation of mucus.

"But I think the guiding symptom in the selection of *dulcamara* is the extreme sensitiveness of the patient to a cold, damp atmosphere. Every time he is exposed to it, or whenever the weather changes from warm to cold and damp, he takes cold. Other remedies, notably *mercurius*, have this aggravation, but do not yield me the good results in aural catarrh that I obtain from *dulcamara* when this particular symptom is present.

"The skin of the *dulcamara* patient is usually dry and inactive, oftentimes rough, and double work is thrown upon the mucous surfaces. When *mercurius* is indicated in acute catarrh, the skin is moist and clammy, but the perspiration gives no relief. In fact, it usually makes the patient feel more uncomfortable."

#### *Benzoin in Laryngitis.*

DR. T. F. ALLEN (*ibid*) has found *benzoin* promptly remedial in cases characterised by loss of voice and great soreness and rawness in the larynx and trachæa on attempting to talk or



cough. The sensation of rawness extended as far as the pit of the throat, but no farther. He gave the 1st dilution, a dose every two hours.

*Cod Liver Oil in Infantile Atrophy.*

In *The Lancet* of the 1st ult., Dr. Yeldham, in a letter to the editor, states that in "cases in which no kind of artificial food is of benefit, and the poor little creatures waste away, many of them dying from sheer inanition, Cod Liver Oil comes in with admirable effect. Let the nurse dip the end of her little finger in the oil and put it into the child's mouth. This may be repeated five or six times in the twenty-four hours. In such small quantities, not only does it never disagree, but the child sucks it off the finger with avidity and evident pleasure. It may be administered in this way to the youngest infants. By this simple and inexpensive expedient I have seen many infants, who were absolutely starving for want of the natural food, become plump and happy in an almost incredibly short space of time. The oil has the effect of enabling the child to digest other food which it could not take without it. . . . With the aid of Cod Liver Oil, as I have suggested, any good pure milk will agree."

NOTABILIA.

THE INTERNATIONAL HOMŒOPATHIC  
CONVENTION.

We very much regret to announce that, owing to the determined opposition of *L'Association des Homœopathes Belges*—an opposition which was not merely passive, but active—it has been necessary to hold the Convention, which was to have taken place at Brussels, at Basle. The Belgian Association, finding themselves unable to organise a meeting, further resolved to prevent anyone making the attempt either in Brussels or in any other town in Belgium. Such being the temper displayed, it was felt that the success of the meeting would be imperilled if it were held in Brussels, and it consequently became essential for a more hospitable *venue* to be selected. Dr. Hughes, after consulting with the members present at the June meeting of the British Homœopathic Society, adopted Basle, in Switzerland, as the place of meeting. On the same occasion, and at his request, a committee, consisting of Dr. Drysdale, Dr. Dudgeon, Dr. Gibbs Blake, and Dr. Pope, was appointed to assist him in arranging the business of the Convention.

We have received the following letter from Dr. Hughes :—

*To the Editors of the Monthly Homœopathic Review.*

My dear Colleagues,—Having been suddenly called upon, in the middle of May, to take up the duty of organising this year's Convention, I communicated with as many homœopathic journals as time allowed me to reach, stating that the meeting would assuredly be held at the time appointed, and inviting adhesions and contributions.

I have now to announce that, after further correspondence with our Belgian colleagues, I have—in deference to their wishes—abandoned Brussels as the scene of our gathering. This city was chosen mainly for the sake of the homœopathists of the continent of Europe ; and in selecting Basle (Switzerland) as its substitute, I trust I have provided them with a *rendezvous* not less central and accessible, while those of America and Britain will not grudge a little extra travelling for their sakes.

By the aid of Dr. Brückner, who represents our practice at Basle, I have obtained an excellent Hall of Meeting, within easy reach of the Hotels near the Central Station.

I give notice, therefore, that our third quinquennial International Convention will be held at the above place on Tuesday the 3rd, Wednesday the 4th, and Thursday the 5th of August next ; the first day to be devoted to general considerations bearing on homœopathy, the second to *Materia Medica*, the third to Clinical Medicine. There will also be a short business meeting at 8.30 p.m. on Monday, for election of officers and adoption of rules of proceeding. Sectional meetings can be arranged for, at the discretion of the members, during the hours left vacant by the general sessions.

I cannot yet say what will be the prevailing language of the Convention ; but every member will certainly be at liberty to speak in his own tongue, provision being made for interpreting his meaning to the rest.

I shall be glad if all who purpose being present will apprise me beforehand of their intention, that I may know for how many to provide. "Brighton, England," will find me up to July 19th ; letters later than this should be addressed—"Hotel Schweizerhof, Basle, Switzerland." I shall be at the Hotel from 12 till 6 on Monday, August 2nd, when I shall be pleased to see all members who have arrived, and to give them *précis* of the papers for discussion and other information.

Let me remind the profession that funds will be required for this undertaking, and that Dr. Dudgeon, of 53, Montagu

Square, London, is acting as Treasurer. And now I have only to appeal to all who love homœopathy to join in making our gathering a pleasure and a success.

Asking the favour of insertion in your next number,

I remain, yours very faithfully,

RICHARD HUGHES, Permanent Secretary.

Brighton, June 14, 1886.

On entering on the work of preparation for the meeting, Dr. Hughes found that practically nothing had been done. No provision had been made for reports on the history of homœopathy in the different parts of the world during the last five years! He accordingly applied to suitable representatives of homœopathy in each country for such reports, and these are all now in course of preparation. Upon these chiefly the discussions on the first day will turn. On the second day the first volume of the *Cyclopædia of Drug Pathogenesis* will be presented to the Convention, and Dr. Imbert-Gourbeyre will read a critique upon it, while Dr. Allen, of New York, and Dr. Hughes will also present papers dwelling upon it. The discussion on this occasion will doubtless be one of great interest and also of practical value. The programme for the third day is not yet complete. Several papers have, however, been received, and we hope to announce them in our next.

While the Convention will take place on the 3rd, 4th, and 5th of August, the annual meeting of the *Homœopathischer Centralverein Deutschland* will be held at Frankfort on the 9th. Frankfort is no very considerable journey from Basle, and doubtless many who attend the Convention will feel a pleasure in extending their trip to the fatherland of homœopathy and making the acquaintance of some of its foremost representatives there.

We may add to the foregoing that homœopathy in Austria will be reported on by Dr. Th. Kafka; in Belgium by Dr. Lembrecht *nils*; in France by Dr. Leon Simon; in the United States by Dr. Bushrod James. Reports are also expected from Russia, Italy, Spain and Switzerland.

Papers for the third day will be on various points of clinical medicine, by Dr. Cooper (London); Dr. Martiny (Brussels); Dr. B. Schmitz (Antwerp); Dr. Kafka (Prague); Dr. Th. Kafka (Karlsbad); Dr. Ludlam (Chicago); Dr. Byres Moir (London).

At a Sectional meeting on Hygiene on the first day a paper will be read by Dr. Roth.

Just as we are going to press (June 24th) we receive the *Revue Homœopathique Belge* for April (!), containing an editorial article (the first it has vouchsafed) on the Convention. It is

introductory to the circular letter announcing it to be impossible this year, and proposing to defer it to 1889, on which we commented sufficiently last month. It professes to explain the reasons why the Committee of the Association Centrale des Homœopathes, Belges, "felt obliged to take this course"; but it adds nothing to the statement of the letter, that—disappointed of the expected presence of many colleagues, and at the non-arrival of many memoirs—they feared the Congress would be a failure. Nothing is said in explanation of that which has caused British comment on this conduct to be otherwise than flattering, viz.:—their failure to apprise the Permanent Secretary of their intention. They would thus have given him an opportunity of urging the counter-considerations which have led him to take up the task relinquished by them, and might have avoided the antagonism which their precipitate action has compelled. Everything which has since come to light shows that their fears were unfounded; that plenty of essays and histories were available if they had taken the pains to ask for them; and that in point of numbers the meeting of 1886 would have had no cause of shame before that of 1881. A number of British Homœopaths were going, far more than will be able to attend now that we have been driven further off; the Germans had intended to hold their own annual gathering at about the same place and time as the Convention, so that they might attend both; and Belgium itself would doubtless have furnished a strong contingent of members. Here, without counting France, America, and other countries, was an abundant supply of men, and the faint-heartedness of the committee is evident.

Of the precipitation of their action a curious illustration is supplied by this number of the *Revue* itself. It seems that at a meeting of the Association Centrale, held on April 6th, Dr. Martiny begged that all papers for the Congress might reach him by the 1st or at latest the 15th of May. Any knowledge of human nature would have taught the committee that essayists would have availed themselves of the later date allowed; and yet their circular, stating that the number of papers which have arrived is too few, "*alimenter les Discussions*," is dated May 3rd! We happen to know that four papers from England were by this time in the hands of the Committee. Surely they could have waited till the 15th, to see if the members of the Association Centrale would not double this number!

And so Belgium has lost the honour, and we the convenience, of the Convention meeting there. Which is the greater sufferer we will leave others to decide.

### DISCUSSION ON HOMŒOPATHY.

IN *The English Mechanic and World of Science*, a weekly periodical devoted to the discussion of physical and mechanical science, and having a wide circulation amongst those who take an active interest therein—a letter appeared on the 7th May, from a medical man, bearing that much used *nom de plume* "A General Practitioner," and entitled "Drugs and Doctors," the writer of which seemed to have stumbled, as it were, upon homœopathy, and having found the advantage of adopting it more or less, was surprised to discover that it was "boycotted" in professional journals and societies. Not being able to obtain a hearing for himself in the medical journals, he addressed himself to the *English Mechanic*, asking why "it is so improbable" that facts which he adduces illustrating homœopathy "are true?" Why it is that in the eyes of the majority of the profession homœopathy "is all utterly contemptible?" This and the following number, which contained a couple of *quasi* replies to the "General Practitioner," were sent by some one to Dr. Pope, of Tunbridge Wells, who, not entertaining any deeply-rooted objection to medical controversy, at once addressed a letter to the editor of the periodical in question, showing how thoroughly all investigation into the merits of homœopathy was boycotted. In the same number the "General Practitioner" defended himself with much ability against the attack made upon him in the previous one. On the 28th of May several correspondents made their appearance. One, "Douglas," a sufferer from severe brain irritability, caused by dyspepsia and over-study, and having exhausted all allopathic means, "offers himself as a 'test case!'"

"Doctor Medicinæ" is very indignant at an opportunity being afforded to, as he terms it, "advertise homœopathy cheap on ground where the ethics of our profession will not sanction such discussions." This is the way in which a would-be-boycotter of homœopathy displays his irritability at the "ring" being broken! "A Working Man" hails the discussion with delight, and says that "the medical profession are little aware, perhaps, how largely homœopathy is practised by the public, especially by the more thoughtful of the working classes." He regrets the want of a homœopathic physician in Carlisle, where, he says, "they are obliged to call in an allopathic doctor, as if death ensued it would be a serious matter for them; but," he adds, "all the same, I know his physic goes behind the fire, as they know by experience they get better sooner with the homœopathic medicines." A "Sceptic" cries "a plague on both your houses. I have tried both systems and I find a medical man knows, as a rule, just as much as an intelligent patient can tell him, and can do just as much as

nature will let him—or rather as the good or bad, well-kept or wasted constitution of the patient will let him." In hygiene he places all his trust. On the 28th of May the "General Practitioner" gives a capital reply to "Doctor Medicinæ," "Sceptic," and "Douglas." On the 4th ult. "M.D." gives his views on the subject. He denies that medical men have been prevented studying homœopathy, and that they will not look at it, and says, "without fear of contradiction, that they have not only looked at it but have studied it for the last 80 years, and have come to a decision as to what it is worth, and I think that decision is correct." A letter, signed "A. Caplatzi," scarcely touches the question at issue. "W. Goodacre" is tolerably severe on "Doctor Medicinæ," who in his letter had argued thusly: "A few years ago a man proposed to prove that the world was flat. Suppose this man now tried to fill the columns of the E.M. with his so-called proof that the earth is not a sphere, would your readers not soon object to pay their twopence a-week for such trash? Just in the same way the readers of medical journals would object to have the pages of the journals they pay for filled with discussions upon what they regard, with good reason, as rank quackery." To this Mr. Goodacre replies: "D.M.'s reference to the 'flat earth' theory, put forward in these columns a few years ago, appears to me a most unfortunate one; the discussion on that occasion resulted in a practical demonstration of the fallacy of Mr. Hampden's views; and 'D.M.' and the whole of those who think with him will find they have entered upon an impossible task, should he or they be rash enough to attempt to prove that homœopathy is 'rank quackery and nothing else.'" Mr. Bottone asks some one "to point out some of the inconsistencies which prevail in the practice of the homœopaths," and proceeds to lay bare his imperfect acquaintance with pharmacodynamics by saying "many of the so-called remedies do *not* produce symptoms like the diseases they are given to cure." Dr. Allinson, "author of *A System of Hygienic Medicine, &c.*," "hopes" when more at his leisure—"his time is fully occupied just now"—to "show that both allopathy and homœopathy are both (*sic*) sons of a great delusion, viz., the 'drug system of medicine.'" So that "there's a good time coming boys, but wait a little longer." Well, we are waiting! "*Sans Peur*" follows with the assurance "that in another hundred years ninety-nine out of every hundred medicines now used by doctors will have followed the mummy's dust, dragon's blood and other samples of their predecessors into oblivion." The letters in this number conclude with one signed "A. H." who "having suffered much the last two years from nervous depression, and having consulted and feed many

physicians with little or no good so far," joins "Douglas" in offering himself as a test case. On the 11th ult., "the Dispenser of the Free Dispensary at Lydney, Gloucestershire," gives an interesting illustration of susceptibility to the action of a drug by describing the symptoms following the administration of the one-thousandth part of a grain of powdered *belladonna*—all singularly characteristic of the well-known action of that drug on the throat and brain. "Vyvyan Treleven" takes advantage of the opportunity of saying a good word for lady-doctors. "R. I. R. (M.B. Oxon.)" criticises Dr. Allinson. "A Sceptic" replies to "A General Practitioner" by admitting that there are cases where "drugs do temporary good and tide us over a difficulty at the expense of lesser harm," but denounces anti-spasmodics, astringents, carminatives, &c. "A General Practitioner" replies to "M.D.," asking very pertinently whether empiricism is to be "the height of our ambition," and also makes an observation which some amongst us—*The New York Medical Times*, for example—might with advantage reflect upon. He says: "If the name of homœopath (which I do not assume) were to be discarded, the law of similars would still remain; but we should be in danger of losing its benefits for the want of a united body of men to perfect our knowledge of the law." "Douglas" is very indignant because no one had offered to prescribe for him—saying, "Surely they might have suggested something to relieve the dyspeptic stomach," as though all "dyspeptic stomachs" were precisely alike, and that one remedy was homœopathic to the entire tribe! Dr. Pope follows with a somewhat lengthy reply to "M.D." Then "Bionomist" offers, in case those who undertake to treat "Douglas" and "A. H." fail to procure sleep for the victims to "place at the disposal of the committee some inventions of mine which give effect to the required conditions." Dr. J. H. Clarke next offers to treat both "Douglas" and "A. H." homœopathically if they will send him a full and detailed account of their medical history and condition, and subsequently to report progress in *The English Mechanic*, and concludes his letter with an excellent reply to "M.D."

In the number for the 18th ult.—the last we are able to notice this month—"Norman," whose wife suffers from some intractable form of asthma, offers his better half as a test case. "A Mechanic" tells how he, "a sufferer from nervous depression for twelve years, so much so that life is a burden," has "tried all sorts of treatment," including homœopathy, "without any benefit." "Doctor Medicinæ" says that "'the good reason' that the body of the profession have for considering homœopathy quackery is that they believe the

name is used as an advertisement by men who know that they are treating their patients on ordinary principles of medicine." There may be such men, but we can safely affirm that with a large acquaintance among members of the profession who practise homœopathy, we do not know one who is open to this charge. On the other hand, how many medical men there are who consciously teach homœopathy and practise homœopathically, and nevertheless assure all around them that homœopathy is "all humbug"! This correspondent says that he has "read the literature of homœopathy and would enter the lists against them, did I not believe that argument would be thrown away, so long as it pays to call yourself a 'homœopathic' physician." As a matter of fact, it does not pay so to call oneself; if it did, the number of those who do so would be infinitely greater than it is. "M.D." thinks that the admission, made by Dr. Pope and Dr. Clarke, that there are conditions—however few in number—where homœopathy is not applicable, is something quite new! If "M.D." knew anything of what has been written regarding homœopathy from *The Organon* of Hahnemann onwards, he would have been aware that this has been admitted throughout its entire history! But he knows nothing about homœopathy, so that he cannot be expected to have read even Dr. Sharp's *Limits of Homœopathy*, published thirty years ago! "Saml. Ring" wants to know a remedy for dyspepsia. "Alfred W. Soward" describes some of Hahnemann's reforms in medicine. The abandonment of blood-letting; the proving of medicines; the law of similars; and his "crusade against the practice of treating locally the external symptoms of constitutional disease."

The discussion is one that shows that a lively interest exists among the more intelligent of the public regarding the homœopathic controversy, and it further indicates that those who oppose the practice of homœopathy have practically nothing to allege against it, and not a word to say in defence of the injustice done to its advocates by "boycotting" them and their teaching in every possible direction.

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#### THE VAUGHAN MORGAN PRIZE ESSAY ON HOMŒOPATHY.

THE prize offered by Major Vaughan Morgan for the best essay on homœopathy has been unanimously awarded by the adjudicators, Dr. Hughes and Dr. Pope, as representing the British Homœopathic Society, and Major Vaughan Morgan, Mr. Harding and Mr. Bennoch, representing the Board of Management of the Hospital, to the essay bearing the motto



*Non nobis solum sed toti mundi nati*, the author of which proved to be John Davey Hayward, M.D., Lond., of 146, Grove Street, Liverpool. We heartily congratulate Dr. Hayward on this addition to his laurels as a medical essayist, and trust that his manuscript will meet with a fate more worthy of it than did his essay on hydrophobia, and that it will be shortly published, so that it may be both widely spread and generally read throughout the profession. It is an excellent and interesting presentation of homœopathy, and fully deserves the distinction it has gained.

### CONVERSAZIONE AND BAZAAR AT THE LONDON HOMŒOPATHIC HOSPITAL.

As we announced in our last issue was intended to be the case, the Hospital in Great Ormond Street was, on Friday the 4th and Saturday the 5th of last month, the scene of a mixture of business and festivity, alike interesting and, we are especially glad to learn, remunerative. On those days a bazaar was held in aid of the fund now being raised to open and maintain the new ward built two years ago. It has so far been unoccupied because the Board of Management, resolutely determining to keep the expenditure of the hospital within its income, felt unable to trust the necessary additional charges to the possibilities of annual subscriptions. An invitation was therefore sent to all who value our metropolitan institutions to attend on those occasions, and by gifts and purchases show that homœopathy is not forgotten and prove that it was not a bygone or exploded doctrine. The central hall and ground floor of the sombre old building were decorated with palms so as to give to it an attractiveness in great contrast to its dull exterior, while the "Hahnemann" Ward, fitted up with stalls which were replete with articles of rich colour and dainty handiwork, offered to the sympathetic buyer an alluring market of wares, displaying admirable taste both in selection and manufacture. In this ward was the bazaar proper, and here, shortly after the formal opening by Lord Ebury and the Lady de Ros (who accompanied his lordship in consequence of the unavoidable absence of Lady Ebury), thronged a numerous and bright company, well disposed to buy and well pleased to pay the not exorbitant prices that were being charged. In a small room adjoining was an institution of a rather novel but most pleasing character, a stall for the sale of "Clothing for the Poor," which appeared to supply a general want, if we may judge from the ready sale of the articles that had been given for that purpose. But further on, in the new ward, dedicated to the memory of our late lamented colleague, Dr. Bayes, the utilising of which formed the *raison d'être* of the whole business,

was to be seen an exhibition of another kind. Among the proposed plans for raising the necessary maintenance fund is what is called a "Fine Art Distribution," the tickets for which are one guinea each or six tickets for five guineas, each ticket entitling to a chance in a prize drawing, which it is intended shall take place in December, and ensuring a prize of some value or other, the lowest being five shillings, while the highest will not be less than fifty guineas, and it is to be hoped that the Board will be able to offer one of still greater value. In the Bayes ward, therefore, were exhibited the prizes which have so far been received. Viewed as a complete exhibition of the prizes offered it was not a great show, although the total value could not have been less than £300; but looked at as the initial display of a movement yet in its infancy, which is all it professed to be, it gave ample promise of a large and valuable collection of prizes to be drawn for in due time. Completing the circle of the ground floor, the whole of which was given up to the purposes of this special occasion, the Board Room was found in possession of some ladies, whose generosity to the hospital on all occasions and for all sorts of purposes is a part of its history, who were displaying their active interest in this further development of the institution by supplying refreshments at most reasonable prices and in a manner which could hardly fail to afford much gratification to those who were present. In this good and necessary work the Misses Barton had the kindly assistance of the Misses Cameron. Returning to the bazaar, the names above the stalls attracted attention. Mrs. Vaughan Morgan and Mrs. Bayes, with Mrs. S. Vaughan Morgan and the Misses Trapmann presided over an extensive display of materials for sale; Mrs. Yeldham and Miss Yeldham were not less busily occupied; Mrs. Blackley was earnestly engaged in the business of selling her fancy wares; Mrs. Dudgeon and the Misses Dudgeon combined a fancy stall with the active sale of flowers, and displayed much energy in the performance of the duties they had undertaken. Mrs. Suss-Hahnemann at another stall, and Mrs. Matheson at another were both busily engaged in disposing of the contents of most attractive stalls. The Flower Stall, a structure laden with floral decorations of all kinds, was under the kindly direction of Lady Adelaide Cadogan, with whom were associated the Countess Sydney, Lady Alfred Paget, Lady Clarence Paget, Lady Emily Dyke and Lady Windsor; while the "Clothing for the Poor" stall was excellently managed by Miss Grant. The occasion appeared to be one exciting a very cordial interest, producing much enjoyment, all present being evidently well pleased both with their purchases and the general arrangements of the bazaar. When the visitors inspected the wards,

as many of them did, they were loud in their praises of the admirable state of comfort in which they found the patients. The children's ward was naturally the goal of many a well-pleased visitor and looked, as it always does, the best and most cheerful retreat for afflicted little folks.

Among the amusements introduced to vary the proceedings were some talented performances on the violin by Master Walenn, while on Saturday, Miss Lakey, a vocalist of great promise, sang in an effective manner. There was also an amusing Fine Art Exhibition, and later in the day several performances were given by "Professor Ewyddirp's Living Waxworks," and were much sought after, affording as they did a source of infinite diversion. Professor Ewyddirp and his troupe, who gave their services entirely free of all cost, are to be congratulated on the excellent manner in which their "Waxwork" exhibition was "got up" and on the entertaining nature of their songs, which have been written and composed especially for them by one of their number.

All the friends of the hospital will be glad to hear that the receipts on all accounts during the two days amount to £500; and although the unavoidable expenses have to be deducted from this sum, it will be seen that a very handsome return will be realised, which added to the donations promised for the new ward and the capital value of some other sources of income will make a total value on account of that ward of about £6,000.

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#### THE BIRMINGHAM HOMŒOPATHIC HOSPITAL.

THE highly successful and entertaining bazaar recently held on behalf of the Birmingham and Midland Counties Homœopathic Hospital, of which we gave a report in our last number, was followed up during the ensuing week by an amateur performance of "H.M.S. Pinafore." The performers were selected from the Birmingham Clef Club and the Birmingham Kyrle Society. The band, too, was a strong and efficient one, largely composed of amateurs. The performance proved not only highly creditable to those who had got it up, but successful to the excellent object to promote which the performance was undertaken.

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#### THE LIVERPOOL HOMŒOPATHIC HOSPITAL.

OUR contemporary, *The Builder* of the 22nd of May, contains an illustration of the exterior, from the north-east angle, of the building now in course of erection for the Liverpool Homœopathic Hospital, together with the plan of the first floor and a full description of the architectural details. It is indeed a

very handsome structure and will form an important addition to the City of Liverpool.

It is arranged to hold fifty beds, and is capable of being enlarged on the south and west sides so as to provide from twenty to thirty more.

The hospital, the first contract for which amounts to over £13,000, is being erected at the sole cost of Mr. Henry Tate, of Park Hill, Streatham, and Liverpool, on the freehold site recently purchased by him from the Liverpool Corporation.

The contractors are Messrs. Holme and Green, and the architects Messrs. J. & G. Holme, of Liverpool. Mr. W. Bell is clerk of works.

#### NORWOOD HOMŒOPATHIC DISPENSARY.

THE Annual Report of this Institution shows that during the past year 245 patients were admitted.

The medical officer is H. Thorold Wood, Esq.

#### ST. LAURENCE'S CONVALESCENT HOME FOR CHILDREN, SLOUGH.

THERE are few more useful institutions for the relief of the poor than those which are devoted to assisting them during convalescence. On leaving a hospital much remains to be done in the way of restoration of health before the victim of serious disease is fit to withstand the labour needed to secure a living. If this is true of men and women, the need of provision being made for care during convalescence is even more striking in the case of children, who on leaving the hospital are relegated to the unwholesome atmosphere and inadequate living of the miserable homes of too many of our poor. To them a Convalescent Home is essential for recovery, and therefore institutions of this kind are abundantly worthy of support.

Of the Convalescent Home of which we have the last report before us, Miss Forsyth and Miss Brooke-Hunt are the energetic superintendents, and Mr. Deane Butcher, of Windsor, is the medical officer. During the past year 73 children (32 boys and 43 girls) were received into the Home. The expenditure during the year was £215—a very small sum when the amount of good done with it is considered. We regret to find that the subscription list has diminished to the extent of £23. And we would appeal to those of our readers who are able to provide for themselves to aid Miss Forsyth and Miss Brooke-Hunt in their efforts to do real good to those little ones who are not only weak but helpless.

## ON THE ADMINISTRATION OF NITROUS OXIDE GAS IN DENTAL SURGERY.

In the course of a most interesting paper on Dental Anæsthetics, read before the Students' Society of the Dental Hospital of London, by Mr. A. T. Croucher, of St. Leonards, and subsequently published in *The British Journal of Dental Science*, the following observations on the phenomena of nitrous oxide gas inhalation, and on the precautions to be taken during its administrations are of considerable practical value:—

“The administrator should watch with unremitting vigilance the patient's breathing. The pulse should never be trusted to as a warning of danger, for it is an important fact, that if nitrous oxide gas is administered sufficiently to produce death, respiration ceases many seconds before the heart's action; moreover, if resorted to immediately after the cessation of breathing, artificial respiration is successful, but if the pulse only is relied upon, the first warning of danger will, most probably, be the death of the patient, for if steps to restore life are delayed until after the pulse has ceased, they will then be too late. The following are the normal phenomena during the inhalation of nitrous oxide gas, allowing, of course, for some slight variation in the different cases: After about some nine or ten full inspirations, the face becomes pale or bluish; this is due not to venous congestion, but to the blood not being sufficiently oxygenated; the face then assumes a slightly darker tint, the fingers often twitch, and the conjunctiva may be touched without any responsive closure of the lids. This is due to reflex action generally being paralysed, and when that stage has been reached, there will be no danger of unconscious struggling. The last two or three inspirations are accompanied by stertor, true laryngeal stertor, which must not be confused with the palatine stertor of a person addicted to snoring, this latter may continue throughout the administration. It is caused by the flapping of the velum palati, and has no particular significance. The laryngeal stertor is caused by the vibration of the aryteno-epiglottidean folds of mucous membrane, which approach each other, and the base of the epiglottis, gradually diminishing the respiratory aperture at this point, this closing together of the aryteno-epiglottidean folds, if the anæsthetic is pushed too far, will result in complete closure of the air passage. This will sometimes occur without the premonitory stertor, and it is important that it should not be confused with a blocking up of the upper passage by the falling back of the tongue or folding back of the epiglottis. These latter may be relieved by pulling forward the tongue till the tip protrudes between the teeth, but in the former case, the tongue being already as far

pulled forward as it will go, must be forcibly pulled against the teeth, and although the hyoid bone and epiglottis do not move, having already moved as far as they can, a reflex action operating through the nervous system causes the folds to recede, and allows free passage for the air. The tongue must be dragged against the teeth so forcibly, that if an anæsthetic had not been administered, pain would have been caused. The doing of this gives a stimulus to the nervous system.

“Another source of danger is that even when the impediment to respiration caused by the approximation of these membranous folds causes complete obstruction, the respiratory heavings of the chest do not necessarily cease, but they become more jerky and irregular. This is a source of danger, because these movements of the chest wall may delude the administrator into the supposition that respiration is being continued; and, again, because a strong respiratory effort, whether of inspiration or expiration, has a tendency to stop the heart's action, especially as the heart's action is slightly enfeebled at this point of the administration. It is here that the supplemental bag would be so useful a guide, as it can be seen by its emptying and refilling that breathing is correctly going on; of course, should it stop, the gas must be discontinued, and forcible traction made on the tongue with a pair of forceps.”

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#### SMALL-POX IN SWITZERLAND.

It will be remembered that some three or four years ago, writes a correspondent, the people of Switzerland decided by a considerable majority to abrogate the Federal law of vaccination. This was, however, done less because they objected to compulsory vaccination *per se* than that the cantons disliked the interference of the Federal authorities, which they thought could best be managed by the local legislatures and governments, and most of them, notwithstanding the vote in question, continue to enforce vaccination as the sole security against the danger of small-pox. Zurich, almost alone among the cantons, has adopted a different course; its urban population is intensely democratic and much under the influence of doctrinaire politicians and of maudlin philanthropists, who hold that the state has no right to protect helpless children—if their parents object—from the ravages of a frightful disease, which, moreover, if it be left unchecked, may infect an entire community. In May, 1888, the people of Zurich gave effect to these pernicious counsels. They resolved by a large majority to repeal the cantonal law of compulsory vaccination. The result of this deplorable decision has more than realised the worst

apprehensions of its opponents. According to the official returns, as set forth in a paper lately contributed to the *Revue Medical de la Suisse Romande*, by Professor Dunant, the deaths from small-pox in the canton of Zurich, which in the year 1881 were 7, and in 1882 and 1883 nil, rose in 1884 to 11, in 1885 they were 73, and in the first three months of this year no fewer than 85. In fact small-pox has become epidemic in the canton, and will, no doubt, more or less involve neighbouring cantons before it can be stamped out. The rejected law will, of course, be re-enacted, but long before this can be done many more deaths will have occurred, to say nothing of the sufferings of those who recover only to be disfigured for life, and in instances no doubt, rendered incurably sightless. If further proof of the efficacy of compulsory vaccination be required it may be found in a comparison of the systems adopted respectively in Germany and France. In 1885 the deaths from small-pox in 21 German towns, having an aggregate population of 4,306,933, amounted to 27, while in 15 French towns, where vaccination is not obligatory, and whose aggregate population is 4,200,840, the deaths from the same cause, in the same period, reached a total of 866, 32 times more than in the larger German population. These facts, and others equally significant, will be found fully set forth in a work by the distinguished statistician, Doctor Jassens, recently published at Brussels.—*Times*, June 12, 1886.

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MR. ALAN E. CHAMBRÈ.

It will, we are sure, interest our readers to know that Mr. Chambrè, who has for many years been a member of the Board of Management of the London Homœopathic Hospital, and was from 1877 to 1884 its Official Manager (a position from which he retired when the Government claimed his services to assist in the organisation of the Parcels Post), has recently been permanently re-appointed to a high post in the Secretary's Office in the General Post Office. We congratulate Mr. Chambrè, whose services to our hospital have in a great variety of ways been invaluable, on his well earned promotion, and trust that he may be in the full enjoyment of it for many years.

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BRITISH HOMŒOPATHIC SOCIETY.

At the annual assembly of the British Homœopathic Society, held on the 25th ult., Dr. Roth was elected President, and Dr. Hughes and Dr. C. H. Blackley (Manchester), Vice-Presidents for the ensuing year. Dr. Dudgeon was re-elected as Honorary Treasurer, and Dr. Galley Blackley as Honorary Secretary.

Mr. G. A. Cross, Secretary of the London Homœopathic Society, was by a special resolution appointed Assistant Secretary and Sub-Librarian. At the conclusion of the private business of the Society an address by the retiring President, Dr. Mackechnie, was, in his absence, read by Dr. G. Blackley.

#### THE RECENT FIRE AT MESSRS. STRAKER BROS. & CO.

It is with deep regret that we have to record the destruction by fire on the night of Tuesday, the 8th ult., of the premises of Messrs. Straker Bros. & Co., the printers of our *Review*. Three-fourths of the "copy" for our July number had been received by them the day before, and, with the exception of the MSS. of a lecture on *Conium*, by Dr. Pope, all was destroyed. It is with very especial regret that we state that among the lost MSS. is the first part of Dr. John Davey Hayward's Prize Essay on "Hydrophobia." We deeply sympathise with our colleague on the destruction of an essay to the preparation of which he had devoted so much time, thought and research, the publication of which would undoubtedly have brought him distinction. The second part remains, and we trust that Dr. Hayward will be able to reproduce the first. Dr. Goldsbrough's paper shared the fate of the rest. Happily, however, he had ample notes of it, and was able to rewrite it as it appears in this number. The report of the discussion upon it was also destroyed, and we are indebted to Dr. Clarke, of *The Homœopathic World*, for permitting us to make use of the notes he took for his own journal on that occasion, an act of brotherly kindness which we desire most gratefully to acknowledge. The other articles destroyed included a very interesting account of the phases of insanity, extracted from Dr. Talcott's Annual Report of the Middletown Asylum.

The loss to Messrs. Straker Bros. & Co. we have heard stated at £20,000, and we regret to learn that this loss is only partly covered by insurance. Under any circumstances, the anxiety to them must have been great, and incidentally they must, we should apprehend, suffer to a considerable extent. They, however, rose to the occasion and forthwith energetically and successfully re-established themselves in temporary premises. Within twelve hours they were at work, and were able to produce, on Friday evening, *The Mining World*, *The British and Colonial Druggist*, *The Eastern Post*, *Press Opinion*, and several other weekly publications.

While deeply sympathising with them on their losses, we cannot refrain, at the same time, from congratulating them on



the energy they have displayed in such trying circumstances, an energy which will, we are sure, increase public confidence in their well-known business capacity and ability.

We may mention, that Dr. Pope's paper was discovered by a member of the firm, the day after the fire, lying saturated with water under a large pile of ashes. The first few leaves only are lost, and the remainder has been unaffected by the drenching it received. The ink used—Stephens' blue-black—has stood a severe test admirably.

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## CORRESPONDENCE.

### A PROVING OF ARSENICUM.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—*Appropos* to your able article in the current number of the *Review* on the inquest at Sydenham, I accidentally met with a partial proving of *arsenicum* a short time ago, of which I subjoin a few particulars. It would appear that Dr. Roberts has himself got a taste of something analogous to the corrosive action of *arsenicum*, by means of your trenchant observations, as well as by the remark of the father of his deceased patient as to his ignorance of the case, which will probably induce him to leave homœopaths to pursue the even tenor of their way unmolested in future.

I happened to call on a friend in this neighbourhood about ten days ago, and noticed that his daughter (a young lady of about 21 years of age) was suffering from what appeared to be an attack of jaundice. I had seen her about a week previously, when her skin was perfectly free from discolouration. I found, on inquiry, that she had been taking during the whole of the interval, up to a day within my last call, 2 drops of *liq. arsenicalis* twice a-day, under the advice of an allopathic physician, but that her mother had induced her to lay aside the medicine on account of the symptoms produced.

In his *Manual of Pharmacodynamics*, fourth edition, Dr. Hughes does not name jaundice as a symptom of *arsenicum*, nor mention the liver as one of the organs affected by this poison; but at page 457 of *The Cyclopædia of Drug Pathogenesis* there are six cases of jaundice, all in the same family, referred to as produced by *arsenical* poisoning. I have not my library with me here, so cannot say whether this symptom of *arsenic* is named in Hahnemann's *Materia Medica* or *Chronic Diseases*.\*

The other symptoms complained of—chiefly subjective—were more usual symptoms of *arsenicum*. Unbearable heat in

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\* Symptom 391, Hahnemann M. M. P. is one of jaundice.—ED. M.H.R.

the eye-balls, with scalding tears—the skin of the body felt dried up. All the previous day extreme languor, with constant inclination to lie down. She had also loathing of food. There was, in addition, œdema of the eyelids, which was much lessened, as well as all the symptoms, except the jaundice, since the drug had been discontinued.—I am, Gentlemen, yours faithfully,

J. HARMAR SMITH.

Queen's Road, Buckhurst Hill,  
June, 1886.

## NOTICES TO CORRESPONDENTS.

\* \* \* We cannot undertake to return rejected manuscripts.

A review of the 3rd volume of Arndt's *System of Medicine* is in type, and will appear in our next number.

Communications, &c., have been received from Dr. J. H. CLARKE, Dr. BERRIDGE, Dr. GOLDSBROUGH, Dr. MORRISON, Mr. WYBORN, and Mr. CROSS (London); Dr. HUGHES (Brighton); Dr. HARMAR SMITH (Buckhurst Hill); Dr. BRYCE (Edinburgh); Dr. J. D. HAYWARD (Liverpool); Dr. WILDE (Bath); Mr. POTTAGE (Edinburgh), &c.

## BOOKS RECEIVED.

*The Medical Annual and Practitioner's Index, 1886.* London: H. Kimpton, 82, High Holborn, E.C. *Homœopathic League Tracts: Why should the Friends of Homœopathy form a League?* London: J. Bale & Sons, 87, Great Titchfield Street. *American Medicinal Plants, an Illustrated and Descriptive Guide, Fascicle iv.,* by Dr. Millspaugh. New York: Boericke & Tafel. *The Homœopathic World.* *The Hospital Gazette.* *The Chemist and Druggist.* *Burgoyne's Journal of Pharmacy.* *The Vaccination Inquirer.* *The Calcutta Journal of Medicine.* *The Indian Homœopathic Review,* Calcutta. *The Fifteenth Annual Report of the State Homœopathic Asylum for the Insane.* New York. *Monthly North American Journal of Homœopathy,* New York. *The New York Medical Times.* *The Homœopathic Journal of Obstetrics,* New York. *The New England Medical Gazette,* Boston. *The Hahnemannian Monthly,* Philadelphia. *The Homœopathic Recorder,* Philadelphia. *The U. S. Medical Investigator,* Chicago. *The Medical Era,* Chicago. *The Medical Current,* Chicago. *The Medical Advance,* Ann Arbor. *The St. Louis Periscope.* *The California Homœopath.* San Francisco. *Bibliothèque Homœopathique,* Paris. *Revue Homœopathique,* Belge. Brussels. *Allgemeine Homœopathische Zeitung,* Leipzig. *Rivista Omiopatica,* Rome.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 13, Church Road, Tunbridge Wells, or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY  
HOMŒOPATHIC REVIEW.

—:—

ADDRESS OF THE PRESIDENT OF THE BRITISH  
HOMŒOPATHIC SOCIETY AT THE CONCLUSION  
OF SESSION 1885-6.\*

DEAR FRIENDS AND COLLEAGUES.—The cause of this Society is so founded on and included with that of homœopathy itself that we may consider that if the cause of homœopathy flourishes so does that of this Society, and though it would be absurd to pretend that homœopathy has attained to anything like the standing it deserves, yet the evidences of recognition elsewhere than in England are so much greater than they were, that we need not fret ourselves if we are not looked upon here as having a right to the highest positions in, or the greatest recognition by the profession to which we belong, and whose pioneers in a new region of therapeutics we claim to be.

The advance of our cause in our own Colonies, in Continental countries, and above all in the land of the West, North and South, and especially in the United States, is so marked as to give us the greatest satisfaction, the progress being evidently cumulative, and seeming to be

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\* Read at the Annual Assembly, June 24th, 1886.

traceable in the following ways: first, by the increasing numbers of those who follow our special method, and who rank themselves under the banner of our great leader Samuel Hahnemann; next, by the fact that the opposition we have to meet is not so great as it used to be, nor the professional malevolence we encounter, bad as it is, so constant nor so bitter as of old, for evidence of which, I need only refer to the pages of the *History of Homœopathy*; and again, to the still more general adoption of the principle—if not as a principle, yet as a matter of fact—in ordinary practice.

I think that, on the whole, we may congratulate ourselves on the work the society has been doing. As to the meetings, they have been well attended, the papers read have been of interest and of practical value, as evidenced by the discussions which have followed.

They are as follows:—

1st. In October, Dr. Clarke, on "*Lathyrus in Spinal Paralysis.*" In the discussion following, nine members spoke.

2nd. In November there was a paper by Mr. Engall, "*On Syphilis; being an attempt to arrive at its cause.*" Unfortunately the author was ill, and in his absence the reading was not completed, and no regular discussion could follow.

3rd. In December Dr. Renner read a paper on "*The Theory of Vaccination.*" In the discussion thirteen members spoke.

4th. In January of this year Dr. Black Noble read "*A Retrospective Glance at the Cases which had terminated Fatally during six and a-half years of General Practice.*" In the discussion nine members spoke.

5th. In February Dr. E. T. Blake read "*Clinical Notes on some Diseases of the Urinary Organs.*" Nine members spoke in the discussion.

6th. In March Dr. Shackleton read "*An Account of a case of Multiple Sarcomata: Recovery under Homœopathic Treatment.*" The patient was exhibited, and eleven members spoke in discussion.

7th. In April we had a paper from the pen of Dr. Dudgeon, "*Thoughts on Materia Medica suggested by work in the Cyclopædia of Drug Pathogenesis.*" Eight spoke in discussion.

8th. In May Dr. Matheson read a paper "*On Dis-*

*placement of the Womb and the use of Pessaries,"* after which five members spoke.

9th. This month Dr. Goldsbrough read us "*A Case of Entero-Peritonitis with Formation of Pus,*" when twelve members entered into the discussion.

As to the work of the Publishing Committee, I may refer you to the production of that interesting and valuable book, *The History of Homœopathy*, by Wilhelm Ameke; translated by A. E. Drysdale, and edited by R. E. Dudgeon." It is not for me to act as a reviewer, but I think that both these gentlemen deserve the thanks of the Society for the manner in which they have done the work, one which has evidently been to them a labour of love. As for the author, unhappily he is out of the reach of our thanks.

In relation to the "*Cyclopædia of Drug Pathogenesis,*" we must congratulate ourselves on the men in whose hands the work is, and that they are able—we know their willingness—to bring out so much so quickly.

We have to note some losses from our ranks on this plane of our labours. First and chief as amongst our members is that of Edward Charles Chepmell, one of our earliest workers in this city in the practice of homœopathy, and one who, by his ability and excellent knowledge of his profession, added to a firm and thorough conviction of the truth of the law of homœopathy, aided much in establishing a similar conviction in the minds of many other practitioners at a time when there was no recognition to be found, either open or covert, amongst the authorities of the profession. I myself can speak gratefully of help I received in this way before the opening of this hospital.

Then follows the name of Edward Christopher Holland, also a very early worker in the new therapeutics, claiming to have been either the fifth or sixth in this country to take up the law of similars as the basis of practice. Most of us, except the very recent additions to our ranks, knew him, and knowing was to appreciate the genial warmth and amiability of the man we regret.

Again, we miss from our roll-call the names of Robert Tuthill Massy, William Rowbotham, and Neville Wood. All have passed away from us within a short time, and at very nearly the same age, being respectively sixty-six, sixty-seven, and sixty-eight years of age. Dr. Wood and

Dr. Massy were early in our ranks ; if I am not mistaken, Dr. Massy left for a time and re-entered them at the date at which we find his name on our roll-call.

Dr. Wood was one of the very early practitioners of homœopathy in this city, an earnest steadfast worker in it, and one who showed himself conservative in his retention of the very infinitesimal dose to the last in his practice.

Of the losses to homœopathy of many not included in our ranks it cannot be expected that I should make any mention. There are, however, one or two names of special interest to us, and which one can scarcely pass by without recording the regret and the gratitude one must feel, the first for the loss and the second for the help one has derived so often from their labours. Our own Adrian Stokes, Guernsey, and Rückert, Franklin and Farrington, while that of Ameke I have already mentioned in speaking of the work translated and published by this Society, of whose interest I can scarcely say enough as to the subject or the careful manner of its working out.

Those of you who were present at the beginning of the session may remember that on first occupying this chair I made some remarks on the desirability of an effort being made to educate the public as to what homœopathy really was. At that time I was ignorant that the idea had presented itself to others, and that a scheme of the kind was incubating. In my remarks I contrasted the present time with that just before this hospital in which we meet was founded—some thirty-six years ago. Then our public was small, but as a rule it was intelligent and enthusiastic, and it believed in the doctrine of similars because it saw that there were grounds for so believing, and not merely because Mr. A. had got rid of his cold while taking Dr. B.'s (the homœopathic practitioner) medicines. This result was largely brought about by the labours of the British Homœopathic Association and their advocate, the late Marmaduke B. Sampson. The association dissolved itself on founding this hospital, considering that thereby its work was completed, and its members constituted for a considerable time the chief portion of the subscribers and donors to the hospital.

The then Duke of Beaufort was its President, and the late Marquis of Anglesey its Vice-President, positions

afterwards held by Lord Ebury, then Lord R. Grosvenor, who has always proved himself the steady and consistent friend and advocate of the new therapeutics. Marquise B. Sampson was its Chairman, and wrote the series of able works, which, coming as they did from a layman, appealed most strongly to the minds of laymen, and did more, I believe, for the dissemination of a knowledge and appreciation of homœopathy than anything since written, not even excepting *Sharp's Tracts*.

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ON THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF ARSENIC.\*

By ALFRED C. POPE, M.D.

LECTURE II.

In my last lecture I endeavoured to set before you some account of those conditions in which, depending as they do upon an altered condition of the blood, *arsenic* is remedial in proportion as it produces a similar condition in the healthy man. To-day after completing this portion of the subject by studying the influence of *arsenic* on the skin, I shall examine that which it exerts on the nervous system.

The phenomena of many cases of disordered health, the most striking and obvious feature of which is an eruption on the skin—and which are therefore and most erroneously classified as skin diseases—are analogous to the symptoms produced by *arsenic*.

The fact that *arsenic* has a direct and specific action upon the skin has been clearly proved by the experiments of Drs. Ringer and Murrell (*Journal of Physiology*, 1878), and those of Dr. Emily Nunn, of Boston, U.S.A. Frogs were the subject of experiment in each instance. Dr. Nunn's investigations were of a very elaborate character, and show that the influence of the drug tended to destroy the epidermis by a process of stimulation carried to exhaustion; and to increase the quantity of blood in the subjacent layers.

*Arsenical* eruptions have been very thoroughly examined by M. Imbert Gourbeyre in a monograph entitled *De l'action de l'Arsenic sur la peau*.

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\* Revised from a lecture delivered at the London School of Homœopathy, 1882-3.

In cases of poisoning of the more acute type, we find eruptions of miliary vesicles followed by perspiration and desquamation with general oedema—a condition very similar to that which follows scarlatina. In one case, the record of which is contained in the *Edin. Monthly Journal of Medical Science*, all the phenomena of acute Bright's disease were present.

In the chronic state of ill health engendered by long exposure to the influence of *arsenic*, as for instance where wall-papers have been the source of the poison, a morbid state of the skin very generally arises. Its colour becomes altered, and it appears of a pasty-white, yellow or brown tint. It becomes dry, scaly and cracked, and emits a peculiar odour. Mr. Hunt, who you will remember used *arsenic* largely in the treatment of skin disease in its chronic forms, describes two kinds of eruption as being very characteristic of *arsenic*. Of one he writes: "The trunk of the patient first, and subsequently all those parts of his body which are by dress protected from the access of light and air become covered with a dirt-brown, dingy, unwashed appearance, which under a lens reveals a delicate desquamation of the dermis, and is, in fact, a faint form of pityriasis." The second he describes as a delicate papular eruption, which he calls *lichen arsenicalis*. Guilbert observed a rash to occur in *arsenical* poisoning all over the body terminating in desquamation.

In a case reported by him a miliary eruption occurred on the sixth day of a severe *arsenical* poisoning, which was followed by general amelioration; the eruption recurred several times in the course of a fortnight and terminated at length in bran-like scales. (*Jour. de Med.*, vol. iv., pt. 5, 1756, and Hahnemann *Mat. Med. Pura*, vol. i., Art. *Arsenic*).

An eczema has been noticed by some observers, though the late Dr. Tilbury Fox, who had a large experience in skin diseases, says that he never saw anything like an eczematous eruption produced by *arsenic*. Pityriasis—one of the squamosæ he had frequently seen as a consequence of taking it.

An urticarious-like eruption, one of the most common of the effects of *arsenic*, was originally observed by Fowler. Dr. Lambert-Gourbeyre gives a very striking illustration of the production of *urticaria tuberosa*. I



quote the following abridgment of the case from *The Brit. Jl. Hom.*, vol. xxxiii., p. 300.

“ Jacques Herard, employed for six years in a silver foundry, where he was much exposed to arsenical fumes. . . . When he has worked much in the laboratory during the day, he suffers in the evening from pains in the heart, loss of appetite, and great thirst. He feels, as it were, prostrated, and experiences excessive drowsiness, a sure precursor of the eruptions in his case, with transient shiverings. Agitation lasting all night with perspiration, broken sleep, dreams. The eruptions more especially appear at night. At first he feels itchings in different parts, then the integument swells with a sensation of burning heat, as though he were subjected to the steam of boiling water. These swellings are of various dimensions, from that of a penny piece to that of the hand. . . . I twice saw these curious swellings. On the first occasion one occurred on the forehead at night, and when I saw him at 9 a.m. the whole forehead was swollen, hard, and was of a shining red colour. There was a large projection like that from a blow, having at the apex a true papule the size of a penny-piece, redder than the reddish surrounding tissue. On this papule there was a slightly flattened elevation. Next day all had disappeared, but during the night a swelling had appeared on the left side, the size of the palm of the hand, of a brilliant erythematous hue, and with very distinct edges. It was hard, hot, painful when touched. On wrinkling the skin, it felt congested and thickened as in erysipelas. The physician to the works pronounced it *urticaria*. The eruptions usually began at night and disappeared insensibly towards noon. The swellings are hard, and take some hours to form; sometimes they extend over the whole body. They often seize on the eyelids, which then become swollen and shining, sometimes closing the eyes as in ‘black eye,’ and then descending to the cheeks and lips. There has never been conjunctivitis, nor do the swellings ever appear on the hairy scalp or on the ears. . . . One of the most painful symptoms is the enormous swelling of the scrotum, succeeded by itching and burning, not, however, lasting more than twelve or twenty-four hours.”

Erythema and erysipelas, sometimes general but more commonly in the face, have been frequently observed as a consequence of exposure to *arsenic*.

In a case quoted from Orfila by Dr. Black (*op. cit.*) “a pustular eruption (which in its appearance and course was analogous to smallpox) appeared on the forehead, around the eyes, on the cheeks, the shoulders, upper parts of the arms, and upper part of the chest. Some

of these pustules are isolated, the greater number confluent; they were replaced by thick scabs, leaving very evident cicatrices."

Each of the forms of skin disease of which, as I have now shown you, *arsenic* is capable of producing the "like," ordinarily results from some cause more or less depressing to the general vitality. They are essentially adynamic. In the peculiar quality of the skin noticed by Mr. Hunt, we see a resemblance to that present in progressive anæmia. The cell proliferation which constitutes pityriasis is evidence of depressed vitality, it shows that nutrition is impaired. Lichen, or its congener eczema, are diseases characteristic of a nervous temperament, and are most commonly met with during the exhausting heat of summer, while eczema of the pure type is a well recognised result of general debility. Urticaria tuberosa is the lot of the broken in health, the intemperate and ill-nourished portion of the population. Erythema, erysipelas and variola are all disorders of the adynamic type. It is to this general condition, of which the skin eruption is one of the expressions, that *arsenic* is homoeopathic; and when it exists in an especially marked manner conjointly with an eruption, you will find *arsenic* to be a remedy.

The effect of *arsenic* on the mental sphere is to give rise to a melancholia with excessive irritability, and a disposition to suicide. A condition of this kind has been frequently remarked in persons long exposed to inhaling the dust from *arsenical* wall papers. (*Bayes, Hom. Review*, vol. xiv.). Wilmer and others have published cases illustrating melancholia as one of the consequences of *arsenical* poisoning. In the *London Medical Gazette*, May 5th, 1843, the writer of an article on *Arsenic in Skin Diseases* illustrates the bad effects that may result from the injudicious use of the preparations of *arsenic*, by giving the details of the case of a young lady who for a long while took Fowler's solution to cure a psoriasis of the leg, with the result of inducing "an extensive derangement of the stomach, which was followed by a violent neuralgic attack, together with, at a subsequent period, a distressing train of hysterical symptoms, which have terminated in a state of dementia that, having now existed for nearly four years, may almost be looked upon as incurable."

Correspondingly, Dr. Talcott, of the New York State Homœopathic Asylum for the Insane, writing of suicidal melancholia as he has observed it in his asylum, says that as a remedy *arsenic* has "generally hit the case most happily." Describing the class of cases thus relieved, he writes:—

"The patients whom *arsenic* has relieved have been those whose physical condition would warrant the administration of that drug. They have been much emaciated; with wretched appetites; a dry, red tongue; shrivelled skin; haggard and anxious in appearance, and evidently great bodily sufferers. It would seem as if the mental unrest of these patients was due, in the main, to physical disease, and consequent exhaustion, and their desire to commit suicide is evidently for the purpose of putting an end to their temporal distresses."

Another medicine, *aurum*, is eminently useful in suicidal melancholia, but is adapted to the cure of patients whose general health is good, whose melancholia is, so far, independent of their physical condition.

Pains in the face and extremities, resembling the throbbing, burning, darting, and periodical pains of neuralgia, are among the results of chronic arsenical poisoning. A very striking illustration of the arsenical neuralgia is recorded by Dr. Wetmore, of New York, in the *North Amer. Jl. of Hom.*, Vol. vi., p. 391. The patient was a medical man, thirty-five years of age, who had by accident swallowed 127 grains of *arsenic*. The usual symptoms of poisoning occurred. Though he did not die, nevertheless he lived suffering from cramp, constipation, and gastritis. In three years' time these symptoms were more or less relieved, and then paralysis of the arms and legs, together with severe neuralgic pains, set in and continued for two years and a half. These pains "were confined to the arms below the elbow, and to the legs below the hips; they did not seem to follow the course of the main nervous trunks. They were never darting in their character, but always steadily increasing to their climax, and then gradually decreasing. Cold air or water would always bring them on. They were worst between 9 p.m. and 8 a.m."

In another case, also the result of an accident (*Hom. Vierteljahrschrift* x., 119), the pains in the head and face were especially severe on the left side, so much so as to prevent leaning or resting on that side. The patient

was obliged to sit up all night, keeping her head erect. Violent neuralgia of the left side of the head was followed by a lame feeling, with dull and tearing pains on the same side. In this case the pains extended to the left side of the face, and were of a tearing and burning character.

The symptoms of these two cases indicate, as clearly as any more elaborate description could do, the form of neuralgia in the extremities and in the face in which *arsenic* is useful. The pain in the head and face extends from the left temple over the left cheek; is tearing and burning in character; and is, moreover, noticed chiefly in persons who have been weakened by exposure to miasmatic influences or by prolonged and depressing illness.

The following case reported by Mr. S. H. Blake of Liverpool (*Monthly Hom. Review*, vol. xxvi., p. 92), is a good illustration of the facial neuralgia in which *arsenic* is useful, although it is more closely indicated still where, in association with the pain, the general health is more adynamic than it was in Mr. Blake's patient.

"Feb. 26. Sarah C., æt 28, of fair complexion and sanguine temperament. Temper irritable of late years since having a family of five children. No anæmia. Colour of lips and face has been even better and more sanguine since her marriage. She complains of pain beginning at the top of the left frontal eminence near the temple, descending quickly to the left eye, 'making the eye jump and dart,' and at the same time rendering 'the head sore.' She describes the pain as 'shooting,' and when it comes on it will last for hours. She also describes the pain as a 'shooting and burning pain like needles,' also like 'a cutting of the bones with hot knives,' and at the time of the prevalence of the pain, she cannot see with the left eye, but only sees as it were 'fire coming out of it.' At the same time the eye seems to go back into the head. The left eye also becomes blood-red, hot, and runs water,' but the right eye remains intact. With the pain she is very restless, and 'buries her head' in pillows and clothes, &c., pressing and covering it in the endeavour to get relief, and thinks she is going mad when suffering in this way.

"Concomitants are loss of appetite and white coated, tremulous tongue, all marked during the pain. The attack begins at 6.30 a.m., and lasts to 3.30 p.m.; or it may begin at 10.30, and go on to 4 p.m. It never occurs at night, at which time she feels quite well.

"She is feverish during the attacks, and is then rather thirsty, but only then. The tongue is still tremulous in the absence of the attack.

"Presc. : Pil. *arsen. alb.* 8 every third hour.

"Mustard and linseed poultice is the only thing she has tried which has given relief.

"She is suckling a baby now four months old.

"Feb. 28th. She reports that she has been a great deal better after the medicine, for the 'shooting' and 'burning' pains have been stopped since the 28th, and did not occur after the first dose; whereas before coming for advice they had recurred daily, and always lasted for hours.

"All the symptoms having subsided, she has nothing further to complain of; but I considered it best to continue the medicine for a few days more."

The neuralgia in which you will find *arsenic* most useful, you will very generally meet with as a sequel of chronic ill-health, from various causes, in persons of advanced age, and in paralytics. The neuralgia calling for *quinine* more commonly occurs when ill-health has arisen from loss of blood, while in that indicating *arsenic* it is a deterioration, a degeneration of blood that has been the *fons et origo mali*.

Besides the distinctly neuralgic type of pain in the head and face, there is a kind of headache produced by *arsenic* more generally diffused and usually associated with disorders elsewhere. It is characterised by vertigo, with obscuration of sight, confusion, stupefaction and great heaviness in the head, with humming in the ears, going off in the open air and returning on re-entering a room. Such pain is mostly of a stupifying, burning, throbbing and aching type. It is often periodical in its attack, and has been usually observed to be confined to the left side, and is most marked in the temporal region. In some cases the *arsenical* headache has closely resembled that present in influenza. Thus we find "constrictive (drawing together) pain above the eyes and temples." "Pain as if bruised over the nose and in the forehead." "Throbbing headache directly over the root of the nose." "Violent throbbing pain in the forehead during motion."

Among the ultimate effects of arsenical poisoning, we find convulsive movements of the body, varying in intensity from simple tremor to a close resemblance to an epileptic seizure. As illustrations of this class of symptoms, the following are extracted from Allen's

*Encyclopædia of Materia Medica*: "She trembled violently;" "tremblings over the whole body;" "violent twitching of the whole body;" "convulsive startings all over the body;" "several sudden and involuntary muscular contractions;" "spasmodic startings of the whole body in bed;" "convulsive attacks, which appeared from time to time, but seemingly only from an external cause, especially from vexation or other violent mental agitation. They were announced, about an hour before their appearance, by drawings in the limbs and longings to lie down without finding sleep. When they came on she experienced either a sudden jerk through the whole body, or an icy coldness running from the head down the back with lightning velocity. At the same moment she loses consciousness, stretches and writhes, and then draws the limbs together, especially the arms. At times also convulsive distortion of the facial muscles and tetanus appear with it, when it has happened that the under lip or tongue has been injured by the tightly-set teeth and has bled. More frequently, however, the spasm rages in the abdomen, which rises and falls very rapidly, with rumbling in the bowels. The attack is generally repeated, after a respite, after her return to consciousness. The whole lasts ten minutes at most. On returning to consciousness she calls for water, which, however, renews the convulsions."

Many similar symptoms are quoted from different cases of poisoning. They resemble those arising in chorea and epilepsy. To chorea, as usually met with, such medicines as *belladonna*, *agaricus*, *zinc* and *copper* are more closely homœopathic. But in chorea of long standing, where it is associated with an irritable heart, and intestinal mucous membrane, and particularly where the cachectic appearance of the patient indicates an enfeebled constitutional condition, there *arsenic* is of great value. So, too, in epilepsy, more particularly where the disease has advanced so far as to create mental irritability and depression, *arsenic* will be likely to give more relief than most other medicines.

Paralysis of the lower extremities, with more or less weakness of the upper, and attended generally with occasional sharp attacks of neuralgia, have frequently occurred in severe *arsenical* poisoning previously to recovery. Five and twenty years ago M. Escallier

published in *L'Art Médical* several interesting cases of *arsenical* poisoning which illustrate the paralytic phenomena arising therefrom very clearly, some of them I will quote from the translation which appeared in the *Homœopathic Review*, vol. ii., p. 98.

In one where an *arsenical* paste was applied to a tumour of the breast:—

“Three days after the application of the *arsenical* preparation, the arms and legs were cold, deprived of sensation, and so paralysed that she could neither walk nor take her meals without assistance; her freshness of colour also disappeared.”

In another, where the poisoning was by cakes containing cream with which *arsenic* had been mixed up:—

“When the first accidents had been subdued it was perceived that the lower extremities had entirely lost their muscular power; there were frequent painful twitchings in them, she could barely give them a slight movement of rotation, the arms were rather weak.”

In a third, where *arseniate of soda* had been taken in mistake for some *tartrate of soda*:—

“About the fifteenth day from the poisoning, symptoms of paralysis consisting in a marked weakening of the lower extremities were first observed. This weakness was more marked in the limbs on the right side, and especially in the right lower extremity. From that time the disease has not progressed but has persisted. Thus one may ascertain that there exists an incomplete paralysis of the upper and lower extremities, and that the paralysis is most marked in the right leg to the extent of often causing that leg to drag when the patient walks. There is also a diminution of sensation in the paralysed limbs.”

In a case reported by Dr. Dorland, of Lagrange, N.Y., and in the *North American Jl. of Hom.* (vol. vii., p. 388), where a man, aged sixty-five years, had swallowed some *arsenic* in coffee, after passing through the usual gastro-enteritic symptoms of this form of poisoning, the writer says:—

“With him just in proportion as the *gastro-enterite* got better, numbness and loss of power in the limbs came on. When these symptoms first appeared, he was able to walk around, or ride any distance. At first, he felt them only in his fingers and toes, but they slowly extended to his knees and wrists, almost depriving him of the use of them. There now remained paralysis of the afferent and efferent nerves, equal loss of motion and sensation, circulation good and the limbs

retained their natural warmth and moisture. They remained thus three or four weeks, and then gradually improved. His mind suffered considerably, was much affected by trifling things; very easily made to cry or laugh."

Witmer (*Die Wirking der Arzneim und Gifte*, 1891, vol. i.), states that the lumbar part of the spinal cord and the cauda equina are sometimes found congested in *post-mortem* examinations of cases of *arsenical* poisoning. Three cases of acute myelitis have been observed in man, and Velpéau has produced a similar condition with it in the dog (Hughes).

The symptoms related as occurring in poisoning in man would suggest myelitis as the condition producing them, while the observations made *post mortem* confirm this view. Hence, it is in acute or sub-acute myelitis that you will find *arsenic* useful. Dr. Ross, in his work on *Diseases of the Nervous System*, mentions it and *phosphorus* as medicines to be tried in chronic myelitis.

We now pass to consider the effects produced by *arsenic* upon the eyeballs.

The irritation of the conjunctival covering of the eyeballs and eyelids is one of the best recognised of the results of chronic arsenical poisoning. By Mr. Hunt it was regarded as indicating that the *arsenic* he had prescribed for some skin disorder had been pushed far enough.

In various cases of poisoning such symptoms as the following have been observed in the eyes: "The eyes appear red and inflamed;" "in the evening there is a feeling of sand in the eyes;" "constant burning pain in the eyes;" "eyes hot and burning, sore in the balls;" "sensation of burning and smarting;" "lower lid externally excoriated, when the burning was most severe;" "extreme redness of the inner surface of the eyelids, with uneasy sensation rather than pain, often obliging him to rub the eyes;" "in the morning much gum on the eyelids;" "swelling of the lids;" "eyelids swollen and red;" "eyelids œdematous, often completely closing the eyes;" "dryness of the eyelids, as if the eyes were rubbed by them when reading by candle-light;" "burning in the upper eyelids;" "corrosive tears, making the cheeks and eyelids sore;" "inflammation of the conjunctivæ, with suffusion of the eyes and intoler-



ance of light;" "conjunctivitis palpebrarum;" "the eyes are weak;" "vision obscured;" "photophobia."

These symptoms, which I have extracted from a large number of precisely similar ones collected from cases of poisoning in Allen's *Encyclopædia of Materia Medica*, will sufficiently indicate those which should guide you in selecting *arsenic* as a remedy in conjunctivitis.

To be thoroughly well indicated, that condition of depressed vitality, which is so characteristic of cases requiring *arsenic*, should be present at the same time. Hence in many cases of strumous conjunctivitis, of chronic trachoma, parenchymatous keratitis, and also in that form of retinitis associated with albuminuria you will find occasion for prescribing it.

Excessive irritation, burning pain and excoriating lachrymation are the symptoms in all ophthalmiæ most loudly calling for *arsenic*, and all the more so when there are distinct periods of remission and exacerbation.

The irritation, in which the conjunctiva, both ocular and palpebral, is involved by *arsenic*, extends downwards throughout the Schneiderian membrane. To this I referred in my last lecture, when speaking of influenza and hay-fever. It is only necessary here to suggest that in some cases of ozæna of a mild kind, when the nasal discharge is thin and excoriating, you will find *arsenic* useful.

We now pass on to study the action of *arsenic* upon the tissues of the mouth, fauces, œsophagus and gastrointestinal tract. On the mucous membrane of these parts *arsenic* exerts its irritant properties in a well-known and well pronounced manner. I will first of all give a brief outline of the more prominent symptoms indicating the irritation excited.

The tongue is coated with a white yellowish fur in the early stages of *arsenical* poisoning, but when the irritation which ensues has been fully developed, it presents a bright red appearance with prominent papillæ, and when the centre is more or less coated or furred the edges and tip are bright red. When the poison has been operating for some time, and has given rise to symptoms of great exhaustion, it becomes dry and brown.

The mouth and fauces are burning, very dry, and there is great thirst. The taste is perverted. It is chiefly saltish or sour, and occasionally putrid in the morning.

Burning and dryness gradually become more marked in the fauces, and extend down the oesophagus to the stomach. At the same time, and as the natural result of so much irritation, there is considerable dysphagia.

Burning pain of great intensity, and attended with abdominal cramp, is the symptom most constantly referred to the stomach. Vomiting is also severe and painful. Thus we find "incessant vomiting for forty-eight hours, with painful burning in the stomach and insatiable thirst," to be commonly present in *arsenical* poisoning. Vomiting follows almost immediately after taking food. The inflammatory state which gives rise to this symptom pervades the entire organ in whatever way the poison has been introduced, whether taken by the mouth or injected under the skin of the back; being most marked in acute poisoning at the cardiac, and in such as is chronic at the pyloric extremity of the stomach (Harley, *Med. Times and Gazette*, vol. i., 1862, p. 71). The duodenum and intestinal canal are the seats of a similar inflammatory condition, and give rise to burning, griping cramp-like pains in the abdomen, and diarrhoea. The evacuations are watery, serous, greenish and in some cases putrid. The burning pain extends to the anus, where it is expressly noted as being very severe. In some instances the stools have been of a dysenteric character.

Associated with this condition of the intestinal canal we find cold extremities, cramp in the limbs, great prostration, mental anxiety and a drawn, withered, cachectic appearance of the face.

Such being the symptoms, our next enquiry is as to the forms of disease in which they are most commonly met with, and the circumstances in which *arsenic* may be regarded as a remedy.

First of all, cases are occasionally met with where a general state of gastro-intestinal irritation has occurred usually associated with all the evidences of great malnutrition, but expressed in symptoms so anomalous as to render an exact diagnosis a matter of considerable difficulty. In the *Allg. Hom. Zeitung*, Vol. cii., No. 14, Dr. Goullon relates an interesting case of this kind, the following abstract of which is given in *The Brit. Jl. of Hom.*, Vol. xxxix., p. 379:—

"A deaf-mute girl of 18 had long been under allopathic treatment, and her condition when she came under Goullon

was this: She was emaciated to a mere skeleton; her abdomen was tympanically distended, and there were sounds in it occasionally, as though water were poured out of a large bottle. There was irritation, and vomiting occasionally of a feculent odour; no food seemed to agree. If the bowels were confined, the symptoms were aggravated immensely, and the accumulation of gas in the abdomen threatened suffocation. Her medical attendants varied in their diagnoses. Most of them thought there was a mechanical contraction of the intestines somewhere, and in this opinion Goullon was inclined to agree. Goullon does not mention how long the treatment lasted, but he says the state of his patient at his last visit was the following: She was cheerful and occupied with domestic work. Her hands were normally warm; formerly the extremities had been always cold, and required hot bottles and woollen coverings. Tongue clean; pulse strong; sleep good; bowels regular; no vomiting. Skin, which used to be dry and harsh, is now soft and moist. The abdomen is of normal size, no accumulations of flatus in it; the rumbling noises in the bowels gone. The medicine that effected this great change was *arsenic* in the form of Fowler's solution, ten drops in five grammes of alcohol shaken 100 times; ten drops of this in a wineglassful of water, a teaspoonful of the solution three times a-day."

To idiopathic acute gastritis *arsenic* is manifestly homœopathic, excepting, however, as the result of poisoning, acute gastritis is rare. For these two reasons I will pass at once to consider that milder variety of this inflammation often described as irritative dyspepsia.

The irritative dyspepsia symptoms which call for *arsenic* here—those which resemble its poisonous action are—great tenderness after food, extending over the epigastrium; the pain is burning in character, or there is an unpleasant sensation of heat; generally more or less vomiting; great thirst; the tongue is red throughout or white furred in the centre with projecting papillæ and a red tip; the skin dry, pulse quicker than usual, and the patient is thin, worn and irritable looking.

The use of *arsenic* in gastric pain depending upon subacute gastritis was adopted by the late Dr. Leared, and the advantages to be derived from it formed the subject of two or three papers by him twenty years ago. For his knowledge of its value he was indebted to homœopathy; but teachers of medicine will probably inform you that the idea was original with Dr. Leared.

As, however, Hahnemann had pointed out a precisely similar fact fifty years ago, the claim made out on behalf of Dr. Leared cannot be substantiated.

"The curative effects of *arsenic*" wrote Dr. Leared "are most striking in severe cases of paroxysmal pain, and its success becomes doubtful in proportion as the case assimilates to those in which a lower degree of pain is traceable to the influence of food. In determining the question of the fitness of a case for the *arsenical* treatment certain circumstances may render essential aid. If the disease came on after some mental shock or severe trial, if the patient has previously unmistakably suffered from neuralgia, if he has lived in a marshy district, and especially if he has had hemicrania or ague, and if, in addition to the occurrence of one or more of these circumstances, the pain is paroxysmal it will almost certainly yield to *arsenic*."—*Medical Times and Gazette*, 1870.

This is all very good, as far as it goes, but you will find in practice that the appearance of the tongue, the degree of tenderness at the epigastrium, and the burning quality of the pain occurring in a cachectic looking subject, are much truer guides to the cases in which *arsenic* will prove useful than taking your therapeutic hints from the historical aspects of the case.

The following case not only illustrates one form of gastritis in which you will find *arsenic* useful, but it also shows how promptly a homœopathically indicated remedy acts, and the absolute necessity there is that it should be given in a small dose. It occurred to Dr. Chalmers of Sheffield, when studying homœopathy in his previous sphere of practice in Dumfriesshire, and is reported in the *Homœopathic Review*, vol. xii., p. 476.

"Jan. 14th, 1865. Mrs. C., æt. 32, usually rather delicate and suffers considerably when pregnant, which she now is for the sixth time, and is in the ninth month. She is at present suffering from great epigastric tenderness, both with and without pressure; there is a constant deeply seated pain in the left side about three inches below the mamma; incessant vomiting, nothing being retained on the stomach. There is also an aphthous state of the throat, tongue, cheeks and lips, from which and the gums (which are swollen, separated from the teeth, soft, spongy and bleeding easily) there is a discharge of tough, fetid mucus, a large quantity of which flows in the twenty-four hours. She has often retching and nausea, bringing from the stomach quantities of tough fetid mucus, similar to the discharge from the mouth, &c.; and this is the character of the vomited matter, unless after swallowing food,

when it is mixed with the latter ; and she has at times, but not lately, brought up considerable quantities of blood. The teeth are all quite loose ; face pinched, and expressive of distress and suffering ; eyes sunken, and surrounded by a dark areola ; pulse very frequent, irregular, and at times imperceptible ; tongue is cedematous and aphthous, the pressure of the teeth making deep indentations ; lips are almost colourless ; she sleeps badly.

“ Such has been her state for nearly three months, so that she is now much exhausted and entirely confined to bed ; she suffers from fainting fits on raising the head or using the slightest exertion. She has had a great deal of treatment from her ordinary medical attendant, but has never had *mercury* in any form. She has been leeches twice and blistered five times, but she has had no relief from such applications, and she thinks the vomiting and nausea were increased in consequence. She has had opiates to induce sleep, which only gave her uncomfortable dozings, but no real sleep, and caused great discomfort afterwards.

“ I can detect no disease in the heart or lungs, but there are strong anæmic bruits about the heart and large vessels. She has at times a little cough and hoarseness, but no expectoration, and no pain in the throat or chest.

“ Presc. : *R. liq. arsenicalis* (Fowler) gtt. i. q̄q. 6tâ horâ.

“ Jan. 15, I was suddenly summoned to see her, and was told that had it been possible to have got me I would have been sent for shortly after I left her last night, as she began to suffer from severe pain in the stomach and bowels immediately after the first dose of medicine, and she says she has passed ‘ a most dreadful night of it.’ This she attributed to the medicine, and will therefore have no more of it, and has only had the one dose which I administered before I left last night. On examination I found her, I think, a little better, and with much difficulty have got her and her friends’ consent to continue the medicine in diminished doses, to half-drop of Fowler night and morning, in a little arrowroot, should the dose be found to produce no pain.

“ Jan. 20th. I find that she has not vomited since I saw her on the 15th, and she is now half sitting on a couch, and able to be out of bed for a short time. She can take food without uneasiness, when given in small quantities, frequently repeated, and with relish, all being retained. Tongue is clean and firm ; cheeks and lips healthy, but still pale ; gums more healthy and the teeth are almost firm in the jaw. There is no pain in the epigastrium on pressure, and the deeply-seated pain in the left side is all but gone. She looks cheerful and is hopeful for the future. Pulse about 100, steady but weak.

“To continue the *arsenic* once daily.

“Her progress from this time was uninterruptedly favourable, and on the 8th of February she was safely delivered of a healthy male child, which with its mother did remarkably well, and the latter is now quite well.”

### SOME PHASES OF INSANITY.\*

By S. H. TALCOTT, M.D.

In our experience with the various classes of insane people we have observed some which have been diagnosed as cases of *monomania*, the chief varieties of which are *dipsomania*, *kleptomania*, *erotomania*, *nymphomania*, and the mania of persecution. Such cases are often declared by the laity, and even by some physicians, to be sane upon all points except one. This diagnosis is made because patients suffering with *monomania*, so called, seem to talk coherently upon ordinary topics and appear very well until they touch upon the special delusion which they have selected as the vent for their mental aberrations. Such cases may, indeed, perform many of the ordinary duties of life. They may reason and act correctly upon financial matters, provided their special delusion does not specially influence them in that direction. They may appear well in society and conduct themselves with ease and decorum, so long as they are not irritated or excited by attracting their attention to that upon which they are most sensitive. But appearances are often deceiving, and such cases may be positively and thoroughly insane. We believe that these cases of so-called *monomania* are insane, not in one small, isolated portion of their mental being, but we believe that they have made a positive and general departure from their normal mental status. But even a general insanity does not always prevent a moderate exercise of the reasoning powers, and a proper performance of ordinary business or duty, as a consequence of that exercise. A person may be suffering with consumption, and he and his friends may know that his days on earth are nearly numbered; yet even such an individual may continue to conduct business affairs with good judgment and propriety. His work may be carried on so long

\* From the 1886 Report of the State Homoeopathic Asylum for the Insane, Middletown, N.Y.

as he does not expose his lungs to any unnecessary or unusual strain. So, a person whose brain has become disordered, and whose mind is perhaps permanently disturbed, may still retain the power of natural action in certain directions. But, in spite of these palpable facts, we still believe that the cherishing of a single insane delusion works its deleterious effects by gradually changing the whole life, habits, actions and thoughts of the individual, and with just as much certainty as if that individual cherished a score or a hundred delusions.

Dr. Clouston tells of a wonderful case in which the only apparent delusion of the patient was that twice two made four and a quarter. The man was quiet, clean, industrious, and yet that delusion not only made him appear curious in the eyes of others, but it impaired his judgment and will, and affected his reasoning powers throughout to such an extent that he was obliged to become a patient in an insane asylum.

These cases of monomania, so-called, might, we believe, be more appropriately classified as sub-acute mania. They have delusions of grandeur, of persecution, of conspiracy, of suspicion, of unseen agency, of business care or enterprise, or religious distractions, and so on. They are not violent, like cases of acute mania, but they cherish the same general delusions—delusions which influence their lives and actions, though they may not make cyclonic wrecks of their entire mental structure.

We have in our charge a patient who has long cherished most prominently the delusion of persecution. This patient is a good reader, a good writer, a pleasant and agreeable gentleman, thoroughly posted upon general affairs, and able to talk pleasantly upon all ordinary topics. Insanity would not be easily discovered in him by a novice; but just ask him what Ben Butler is doing to him, and immediately he becomes agitated, nervous and restless. His eyes flash like diamonds; he begins to talk in a louder tone than usual; he begins to gesticulate; he works himself into a frenzy, and develops an astonishing loss of self-control, and all because he thinks that Ben Butler is trying to rob him of his rights. So far as we can ascertain, he never saw or had anything to do with Ben Butler.

Now some physicians would claim that such a case is monomania, and that upon all ordinary topics the man

is sane. But when you can turn a human mind into a condition of chaotic turmoil by simply pressing, as it were, upon an electric button of one overruling false belief, then we can scarcely claim that that man, so disturbed, is in complete and perfect mental condition, and in full possession of his intellectual faculties with but one slight exception.

If you set up a row of bricks, four inches apart, and then tip down one brick, you may knock over the entire row. If you have a man who is, as is commonly stated, "insane upon one particular point," you may similarly prostrate every rational thought in his mind by tipping, so to speak, that insane thought against all the other thoughts which he may have in mental store.

Much has been said and written about *moral mania*. Moral mania is the mania of a person whose morals have become completely perverted by the blasting influence of insanity. If such an insanity must be designated by a specific term, it would be more appropriate to call it "immoral mania."

It is claimed by some that the moral nature may be diseased while the intellectual nature remains intact. This we cannot readily believe. We grant that in some cases the evidences of insanity are most clearly presented by apparent aberrations of the moral nature. Patients of this class sometimes manifest their mental condition by those acts which seem to arise from an irresistible propensity to the commission of crime. But this tendency to crime does not rest alone upon the perversion of the moral nature. It rests likewise upon imperfect and illogical reasoning, upon perversions of the judgment, and upon impairment of the will power. If these patients could reason logically, if they could conclude proper judgments, and if they could use their will powers in a natural, healthful and energetic manner, they would restrain themselves from the commission of those acts which they know to be immoral, and which, as they know, are violations of the precepts of both God and man. We should always investigate from the apparent to the real. We should pursue our investigations until we discover the relationships which exist between the acts, the motives, and the mental ability or inability which impels or hinders action. And when we pursue such studies to their ultimate, we often



find that in cases of moral mania, so called, the external impressions are imperfectly received and recorded upon the brain: the processes of reasoning, while seemingly coherent, are, at the same time, crude and faulty; the judgment is weak and dull; the will is erratic and vacillating, and, consequently, the disturbed and impaired intellectual forces prostitute themselves to the service of immoral perversities. I believe that we must come in the near future to consider insanity as a unit. There is a trinity of forces which sustains rational and moral speech and action in sane men. These are the physical, the intellectual and the moral forces. Yet this trinity of forces is a positive and compact unit. All tend to operate in the same general direction. When the physical force is strong and healthful, when the intellectual force is keen and clear, when the moral force is sensitive and true, then you have sane thought, sane motive, and sane conduct.

In health all the forces of man work together harmoniously and demonstrate that they are indeed a compact unity of forces. These physical, mental and moral forces are as firmly interwoven in all their workings, and as harmonious in every respect, as the trinity of the universe. The principle of three in one and one in three is one of the universal miracles of nature. The trinity cannot be separated, nor can the unity be dissolved. In the experiences of man we find that when the physical nature is disturbed by disease, then we have perversions of both the intellectual and the moral natures. To the casual observer intellectual aberrations only may appear in some cases, while in others aberrations of the moral nature alone are discoverable by the superficial investigator. But a close and careful study of any case of insanity will, we believe, reveal the fact that the physical, the intellectual and the moral forces, all of them have, in some subtle way, become disturbed or deranged.

#### REMEDIAL AGENTS.

During the past year, as always in the history of the asylum, our insane have been treated by the careful application of the single remedy selected according to the law of similars; *morphine*, *chloral*, the *bromides*, and such like medicines have never been used at this institution. The old and tried remedies of homœopathy have proved themselves such powerful agents for the cure of insanity

that we have failed to feel the necessity, or a disposition, for using any other.

Among the remedies which have been used with increasing frequency, on account of their efficacy, we find *agaricus muscarius* as applied to the cure of mania, and the relief of general paresis; *cimicifuga* and *macrotin* in melancholia, and in cases suffering from the effects of alcohol and opium; *veratrum viride* for epilepsy and epileptiform seizures which sometimes occur in the course of general paresis. A new remedy for the relief of the bad effects of dissipation has been suggested to me by Dr. Samuel A. Jones, of Ann Arbor, Michigan. This remedy is *onosmodium virginianum*. An interesting proving of this drug has been made by Dr. Green, of Arkansas. We have used *onosmodium* but a short time, and can make no positive report as to its virtues. If good results are obtained from its use we shall present them to the profession and to the friends of the insane in a future report. Many cases of melancholia have been relieved by the use of *arsenicum*, of *ignatia*, of *cimicifuga*, of *ferrum*, and of *strychnia*. Prominent among the medicines for mania, we find, on looking over our case-books, *aconite*, *bella-donna*, *hyoscyamus*, *stramonium*, *bryonia*, and *veratrum viride*. And, in a second but useful class, we may place *cantharis chamomilla*, *mercury*, *rhuis tox.*, and *veratrum album*. For improving the condition of those who are demented we use quite persistently *calcareea carb.* and *calcareea phos.* For the dementia of self abuse we have applied *staphisagria*, *nux vomica*, *phosphoric acid*, *picric acid* and *iodide of mercury*. Better than all remedies, oftentimes, for cases of dementia, are full diet, kind words and gentle urging to engage in light manual occupation.

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## A CASE OF TETANUS CURED BY *HYDROCYANIC ACID*.

By ROBERT STOPFORD, L. K. & Q. C. Phys.

Late Medical Officer Perim Island.

THE following case occurred whilst I was in charge of a coaling station at Perim Island, the work on which is done by Arabs and natives of North Africa. .

A boatboy, whilst hauling up a small boat, trod on a pyramidal piece of glass (the bottom of a gin-bottle), causing a lacerated wound on the inner side of the sole of his foot, about one inch in length and the same in depth.

I was called to him immediately after the accident occurred, when, having examined the wound carefully for any remaining pieces of glass, I washed it in a solution of *carbolic acid* and applied a pad with pressure regulated by means of a bandage, thus as I thought stopping the bleeding. Two hours afterwards I was summoned to him again, as he was said to be in a fit. On my arrival, I found that he was better, but the manager informed me that almost immediately after I left, he was drawn all in a lump. The bleeding still continuing, I examined the wound under chloroform and made an incision so as to enlarge it, and ligatured the bleeding artery. I then tried to find the nerve which I judged had been cut either partially or wholly across, but this was unsuccessful. I then redressed the wound, and gave him twelve grains of Dover's powder, and ordered him to be taken into the hospital. On the passage to the hospital the bleeding commenced again. After trying to apply a ligature once more, very gently, for even touching the skin seemed to bring on a spasmodic contraction of the muscles, I decided to apply the strong *liq. ferri perchloridi*.

Under opiates on each of my visits during the night I found him fairly comfortable. In the afternoon of the next day I was hurriedly summoned, as he was said to be suffering very much. I found him lying on his side, his legs were drawn up on his thighs, and his thighs partially so on his abdomen. His abdomen was peculiarly tense and hard, arms bent, and the breathing more or less of a gasping, convulsive character. After a time (about a quarter of an hour), this tetanic muscular contraction passed off.

This state continued, with little variation, for the next three days. The muscles first contracted in the way mentioned and then relaxed, the boy suffering the most awful agony whilst in the first state.

Sleep during this time was difficult to obtain.

As sedatives he took doses of Dover's powder, *liquor morphice*, *chloral* with *bromide of potassium*, and fifteen

drop doses of Rubini's *camphor* on sugar. None seeming to give sleep or relief from pain for more than a few minutes.

On the fourth day he complained of his foot being very painful. I redressed the wound and still the pain continued. At five o'clock in the afternoon of this day I was summoned in a great hurry, as the boy was said to be dead or dying. He was in an unconscious state, lying on his side with a peculiar and dreadfully anxious expression on his face. Breathing I thought was still going on, though suffocation must have been very imminent, through spasms of the glottis and laryngeal muscles.

I at once carried him out into the court yard, and tried to bring about a return of respiration by artificial means. After a short time of really hard work he began to regain consciousness, and in an hour he was considerably easier.

During the next few days he remained in a most precarious condition, the spasms still continuing more or less severe, and exhaustion afterwards being extreme.

Other remedies having failed, I determined to try the sedative effects of *hydrocyanic acid*.

The first dose I gave him consisted of three drops of the *Scheele's acid*. It acted almost immediately in giving relief to the pain and the tetanic spasms, and shortly afterwards he fell into a deep sound sleep. Under drop doses of the acid the attacks were less severe, and came on at much longer intervals. After taking it two days he had no more attacks, and was discharged from the hospital in fair health.

Immediately after giving the acid the character of the wound completely changed, took on a healthy appearance, and rapidly healed.

His discharge from the hospital was delayed, as a part of the great toe became gangrenous; but as soon as ever he could limp at all he left my care.

My surprise at this action of *hydrocyanic acid* was scarcely equalled by the surprise which possessed me when a few days afterwards I found it recommended in Doctor Hughes' *Manual of Therapeutics*.

As I was studying homeopathy at the time, this case made a great impression on me, affording a striking illustration of the law, *similia similibus curantur*.

Birkenhead, 10th July, 1886.

INTERNATIONAL HOMŒOPATHIC CONVENTION  
1886.

*Précis of Papers Presented for Discussion.*

HISTORIES.

FRANCE.

By Dr. V. LÉON SIMON.

Dr. Léon Simon reports that the number of our adherents slowly increases. At Paris it remains about the same, but in the South there is a sensible increase, thanks mainly to Dr. Chargé. Dr. Jousset has made several proselytes in Brittany. There are about seventy homœopaths in Paris, and 180 in the rest of France. Homœopathy is also not unknown in the French Colonies; there are practitioners of it in Algiers, Tunis and Martinique. The number of students promises well for the future.

There are in France at least fifteen special homœopathic pharmacies; nine in Paris, two at Lyons, two at Bordeaux, one at Marseilles, and one at Nice. There are two Societies, to one or other of which most of the French practitioners belong—the Société Hahnemannienne and the Société Homœopathique de France. Both meet at Paris.

Dr. Léon Simon enumerates our colleagues who have passed away during the last five years, among them being Dr. David Roth, the Comte de Bonneval, and Dr. Espanet.

Homœopathy is taught by lectures, hospitals, clinics, dispensaries and journals.

Lectures have made but little progress during the last five years. The hospitals show the most satisfactory results. There are two at Paris and one at Lyons, all prospering greatly. The Hôpital St. Jacques has had a new and handsome building erected for it, and contains 60 beds. Next in importance to the hospitals is the Dispensaire Alix-Love. This institution has only been open five months, but is making rapid progress in its numerous branches of work.

The dispensaries are numerous and prospering. The three established journals still flourish. Two of our colleagues have joined the staff of the *Petite Revue du Midi* as scientific contributors, and have published several articles of great value to the cause.

Dr. Léon Simon notices the epidemic of typhoid fever in Paris in 1883, and the small mortality in our hospitals and among our private patients. Dr. Crétin's remarkable pamphlet, entitled, *Fièvre Typhoïde: Hypothèses et Contradictions Académiques*, is mentioned with high approval. He also reports fully on the epidemic of cholera in the south of France in 1884 and 1885, where our mortality was only 9.5 per cent. He also notes with satisfaction the growth of friendly relations between the old and the new schools, consultations being readily obtained in France. He appends a list of books published since 1881, in addition to those mentioned in his full report.

#### AUSTRIAN AND GERMAN EMPIRES.

By TH. KAFKA, M.D., Karlsbad.

I. On 23rd April, 1882, Dr. George Schmid died. He was the author of several good medical works—*e.g.*, *Cholera Poison; Has Homœopathy a Right to State Aid? My Medical Testament*. He left by will a sum of money for the purpose of endowing a chair of homœopathy in the University of Vienna, but the authorities have not yet done nor are they likely to do anything so sensible.

In 1884 Dr. Veith, Professor in the Veterinary College of Vienna, died at an advanced age. He was a zealous homœopath.

In 1885 Dr. David Seegen died. He was one of the most successful homœopathic physicians of Prague, and he left a sum of money for the purpose of establishing a Children's Hospital at Prague.

In 1885 Dr. Franz Weinke died. He was a zealous contributor to the *Oester. Zeitsch. des Ver. der Hom. Aerzte Oesterreichs*.

Dr. Würstel and Dr. Gerstel (of Vienna), and Dr. Jacob Kafka (of Prague), celebrated the fiftieth year (jubilee) of their medical degree.

Professor Bakody, of Pesth, published a work called *Hahnemann Redivivus*, in which the scientific character of Hahnemann's doctrines was earnestly and successfully defended. He also published a reply to the attack on homœopathy of Prof. Jürgensen, of Tübingen.

II. The violent attacks on homœopathy of Jürgensen, Liebreich, and Koeppe were well answered by Sorge (of Berlin), Mayntier (of Zell), and Heinegke (of Leipzig).

Homœopathy has made great progress among the public of Germany. There is hardly a town in Germany where the allopathic druggists do not also keep a store of homœopathic medicines.

Funds have been collected in Berlin and Leipzig for the establishment of homœopathic hospitals, and it is hoped that they will soon be erected.

In 1884 the Berlin Homœopathic Society began the publication of a periodical, which is now regularly published and well supported by the chief homœopathic physicians.

The *Pionier* is a society established by Dr. Oidtmann for spreading a knowledge of homœopathy among the people. It publishes a monthly periodical with the title of *Der Pionier*, edited by Dr. von Eye, a very useful organ for the propagation of homœopathy.

The chief original works that have appeared during this period are, besides the polemical ones mentioned above, the *Experiences of an Old Physician*, by Dr. Groos, and the *Origin of and Opposition to Homœopathy*, by the late Dr. Ameke.

Burnett's work on *Cataract*, translated by Goullon, and Johnson's *Domestic Physician*, translated by Katz, are the principal translated works that have been published.

The Central Verein and the Berlin Homœopathic Society are in full maturity.

In Munich the Homœopathic Hospital was closed after the death of Dr. Buchner, but thanks to the assistance of Prince Dettingen-Wallerstein it has again been opened; it is under the direction of Drs. Quaglio and Koeck. There is also in Munich a society for aiding poor medical students who are anxious to study homœopathy.

A similar foundation exists in connection with the Central Verein for assisting students and practitioners to study homœopathy in Buda-Pesth under Professor Bakody. They bind themselves in return to settle to practice in some German town.

In Berlin there is an examining board for practitioners who wish to dispense their own medicines in Prussia. Dr. Fischer, of Berlin, is the examiner in homœopathy of this board.

Death has removed a very well-known German

homœopath, to wit, Dr. Bähr, physician to the late King of Hanover, the author of the well-known prize essay on *digitalis*; Dr. Rückert of Herrnhut, one of Hahnemann's original disciples, author of many homœopathic works, the best known of which is his *Klinische Erfahrungen*; Dr. Borchers of Bremen; Dr. Ameke of Berlin; Dr. Rentsch of Wismar.

In Stuttgart there is a society, the *Hahnemannia*, which assists poor students at the University of Tübingen. A deaconesses' hospital in Stuttgart has for many years been under the care of a homœopathic physician, Dr. Sick.

Dr. Rapp, who was forced to resign his professorship of Pathology and Medicine in the University of Tübingen on account of his homœopathic proclivities, now enjoys a large practice as a homœopathic physician, and for some years has filled the post of physician to the Queen of Wurtemberg.

#### BELGIUM.

By Dr. LAMBREGHTS, *filis*, Antwerp.

Belgium is reported as enjoying during the past five years a period of calm in respect of attacks on homœopathy and its practitioners, of which the earlier history of our system there is so full. The only public events in connection with it are a discussion at the Academy of Medicine of a paper on the subject (1881), and (1886) an attempt to obtain wards in the Brussels hospitals where our practice can be carried out. The former turned on the question whether the paper (whose conclusions were, on the whole, hostile to Hahnemann) should be printed in the archives of the Academy, and the proposal was rejected by two votes only. The latter is yet pending, but has fair prospects of success.

In Belgium, as elsewhere in Europe, homœopathy continues to gain favour among the laity, but the number of its practitioners does not greatly increase. Dr. Lambreghts, indeed, estimates it at 70, while Dr. Martiny, in 1881, gave it as 50, but he seems to have no definite evidence such as a directory would afford. The *Société Belge des Médecins Homœopathes*, and its organ, *L'Homœopathie Militante*, so valorously conducted by Dr. Gailliard, have ceased to exist; but the older society, the *Cercle Homœopathique de Flandres*, and the *Association Centrale des Homœopathes, Belges*, continue to flourish,



as also does the *Revue Homœopathique Belge*, now—as before—under the able editorship of Dr. Martiny. He has lost a valuable *collaborateur* in Dr. H. Bernard, of Mons. It is noted with regret that several dispensaries have ceased to exist during the last few years; but those at Brussels, Antwerp, Ghent and other places continue in full operation.

#### BRITISH EMPIRE.

By JOHN W. CLARKE, M.D., London.

Dr. Clarke's history of homœopathy in the British Empire takes the form of a diary (or rather annuary), noting the leading events in each year connected with it. The establishment of the yearly Hahnemann Oration; the founding (thanks to the munificence of Mr. Henry Tate) of a homœopathic hospital in Liverpool; the extension of the work of the hospital in London; and the inception of a revised *Materia Medica* under the auspices of the National Societies of England and America—these are its encouraging features. On the other side stand the suspension of activity on the part of the School for lack of students; the discontinuance of the *British Journal of Homœopathy*; and the diminution rather than increase in the list of names contained in the Directory. The sense of need of some further effort to make known the advantages of our method, and to dispel the ignorance and prejudice which obstruct its advance among the profession, has led to the formation of a "Homœopathic League," which may, it is hoped, do good work. Dr. Clarke notices some evidences of greater liberality towards homœopathic practitioners on the part of the men of the old school, and mentions Dr. Lauder Brunton's *Pharmacology* as another instance of wholesale, but unacknowledged, borrowing from homœopathic sources. A full obituary for each year is given, the death-roll including the names of Leadam, Bayes, Black, Hilbers, Madden, Chepmell, Holland, and Neville Wood.

The Australian Colonies are stated to show steady progress, and in Melbourne, Victoria, a handsome hospital has been built and opened. There has been no time to obtain direct reports from this quarter, but Canada and India will speak for themselves.

*Canada.*—Dr. Nichol, of Montreal, reports that homœopathy in Canada continues to hold its ground. Of its 100 practitioners eighty are in the province of Ontario, and one only in the North-West (at Winnipeg). He is himself the most active writer in the Dominion, and justly refers to his *Diseases of the Larynx and Trachea in Childhood*, and *Montreal Tracts on Homœopathy*.

#### DENMARK.

By Dr. OSCAR HANSEN, Copenhagen.

The history of homœopathy in Denmark begins with 1821, and since that time it has never wanted representatives, at least in the capital. There are now seven homœopathic practitioners in Copenhagen, and one at Aalborg, in Jutland. Funds are being collected for a hospital in the former city, and now amount to 230,000 francs. There is a "Homœopathic Society," founded in 1859, which (under Dr. Hansen's editorship) issues a monthly journal; it has also a library, and assists enquirers and students. Danish homœopathic literature, save for replies to the usual attacks made upon it, consists mainly of translations from foreign sources.

#### SPAIN.

By Dr. F. G. RUBIO, Malaga.

Dr. Rubio states that there are 53 homœopathic practitioners in Madrid, 41 in Barcelona, and 43 in other parts of Spain\*—altogether 137. There are four homœopathic journals. The Hospital San José, at Madrid, continues to flourish; and the Medical School connected with it has between 40 and 50 students. There are dispensaries in vigorous operation at Madrid and Malaga, and in most cities where homœopathy has a representative.

#### SWITZERLAND.

By Dr. BRUCKNER, Basle.

During the last ten years (when Dr. Bruckner reported to the Convention of 1876) about ten homœopathic practitioners have passed away in various parts of Switzerland; but there are 23 now practising the system. They meet annually for conference in one of the towns of the confederation.

\* This list is probably imperfect, for it omits Bilbao, where there is certainly one homœopathist.—EDS.

*E S S A Y S.*

“ EN AVANT.”

By R. E. DUDGEON, M.D., London, England.

The author asks: 1st, why is homœopathy regarded with aversion by the medical profession?

In its early days there was sufficient reason for this in the complete opposition of homœopathy to established and traditional methods of treatment and to all the current theories of disease and cure. The prejudices and interests of the profession were arrayed against it. It was also contrary to the interests of the apothecaries. By its greater success in the treatment of disease, by shortening the duration of the treatment, and by enabling patients to treat themselves for all the slighter ailments, it naturally diminished the funds derivable from practice. As the medical profession is overstocked, and the great mass can barely keep themselves, any proposal to diminish the profits of treatment would meet with the most vigorous opposition. Homœopathists always assert that homœopathy cures diseases more quickly and with less outlay on the patients' part. But this, in place of being a recommendation, is just the reverse to the great mass of struggling practitioners. They welcome any new method that increases the work of the doctor, such as new and powerfully-acting medicines, electrical applications, hypodermic injections, &c.; but a system that diminishes the work of the doctor goes against their prejudices and material interests.

2nd. What can we do to promote the general adoption of homœopathy? At its first introduction homœopathy spread rapidly among the intelligent classes, because it was zealously propagated among the public by popular literature, lectures and meetings, and because it offered a mild system of medication which contrasted strongly with the violent and often painful methods of the old school. But gradually the old school abandoned these rough methods, gave up bleeding and the painful and perturbing methods they had hitherto used, and homœopathists, seeing this, trusted that the old school would go a step further and adopt homœopathy. Therefore they left off appealing to the public and addressed themselves to the profession only. The public, no longer directly appealed to, ceased to interest themselves in the new

system, and the profession, no longer influenced by the patient world, ceased to furnish new converts to homœopathy, but took from homœopathy its medicines and methods, while they continued to misrepresent and deride the doctrine from which they derived their remedies. Homœopathists found that all their appeals to the old school remained unheeded. In order to influence the profession, we must do as the earlier pioneers of homœopathy did, and resume the propaganda of our system among the public, who will in their turn force the old school to adopt the doctrine as well as the remedies of homœopathy, which they now only use empirically. The profession on the whole will gain by adopting homœopathy, as patients will then regain the confidence in medicine which they have in great measure lost, in consequence of the acknowledged uncertainty of treatment and the open boast of medical men that they are guided by no therapeutic principle. When the profession is agreed on the adoption of the only true and rational homœopathic rule, and the public know this, they will cease to dread the hap-hazard treatment of a doctor, and will lose their love for quack medicines, whose use will thus appear to them irrational.

A CRITICISM ON THE *Cyclopædia of Drug Pathogenesis*.

By Dr. IMBERT-GOURBEYRE, Royat, France.

The author begins by pointing out that the name *φάρμακον* indicates that all drugs are first of all poisons, and hence the importance of knowing their poisonous action. The *Cyclopædia* gives us, for the first time, an opportunity of studying the physiology of drugs, by presenting their effects in the order of their evolution. It is also very valuable as bringing together in an accessible form all available knowledge derived from the four sources of (1) poisonings, (2) over-dosings, and (3, 4) experiments on men and animals. He is especially pleased with the classification of the arsenical poisonings. He seems to regard this work, however, rather as material for a future building than as an end in itself; though he does not indicate the manner in which he would have such building erected.

THE PRESENTATION OF THE MATERIA MEDICA.

By RICHARD HUGHES, L.R.C.P., Brighton, Engl.

The author observes that the presentation, in the

*Cyclopædia of Drug Pathogenesis*, of the provings and poisonings with drugs in narrative detail, has excited much attention on the Continent, and that some critics seem to consider the schema as at least as good a form. He, on the other hand, believes the latter to be unnecessary, misleading, and pernicious.

The *Materia Medica* may be used homœopathically either *à priori* or *à posteriori*.

1. On the first plan, it is studied beforehand, and for this purpose the author maintains the schema to be most prejudicial, as rendering pathogenesis uninteresting and unintelligible. It has thus operated injuriously (a) by robbing Hahnemann of his due credit as the father of experimental pharmacology; (b), by deterring many would-be enquirers from the study of homœopathy; and (c) by driving its practitioners to empirical use of remedies instead of fresh homœopathic selection.

2. When the *Materia Medica* is used by way of reference in presence of a case, the schematic arrangement is unnecessary for symptom-finding, as that is provided for by an index. On the other hand, it is misleading, as symptoms become falsely interpreted when divorced from their concomitants, and often assume (when isolated) a prominence not their due. The author combats the doctrine that symptoms are susceptible of indefinite variations in grouping, as maintained by Drs. Allen and Farrington.

He finally pleads for the detailed provings and poisonings as the fundamental *Materia Medica* of homœopathy, to be studied by every learner and referred to by every practitioner; all other arrangements of pathogenesis to be regarded as merely introductions and applications.

ON THE ADDITIONS TO THE "*Cyclopædia of Drug Pathogenesis*" REQUISITE TO MAKE IT OF FULL USE TO THE PRACTITIONER.

By J. DRYSDALE, M.D., Liverpool, England.

The author warmly approves of the work done by the *Cyclopædia* in sifting the matter of our pathogenesis, and presenting it in intelligible and connected form. To make it available for practice, however, there is needed an index to the symptoms, and a physiological and therapeutic commentary, with such general information about

the drug as is given in ordinary works on *Materia Medica*. It is proposed to supply these in a companion volume. Dr. Drysdale argues, here, that for future volumes of the *Cyclopædia* it will be better to incorporate such matter with the pathogenesis of each medicine, so giving the practitioner less trouble in reference, and keeping him from the danger of falling into the easier way of empiricism.

#### NOTES ON NICOTISM.

By JOHN H. CLARKE, M.D., London, England.

The author maintains that all employers of tobacco are the subjects of poisoning; and that the comparative absence of symptoms during its habitual use is a "tolerance" analogous to that of *arsenic* eating. Its sudden discontinuance often leads to "tertiary" effects similar to those resulting from its primary adoption; and the same may occur from temporary excess or lowered resistance on the part of the "nicotist." The "intermediate stage" is one of saturation with the drug, kept up by recurrence to it as soon as a sense of craving shows that its influence is waning. Its evil effects here are shown in the eye, the heart, and the nervous system generally; and also by local action in the throat.

The author regards alcohol as too similar to tobacco to be a safe antidote for it in ordinary quantities. *Nuxvomica* is, in his judgment, the great remedy for nicotism; while he finds *camphor* of much value in subduing the craving for the poison in those who are endeavouring to break off its use.

#### DIABETES MELLITUS : ITS HOMŒOPATHIC AND BALNEO-THERAPEUTIC TREATMENT.

By THEODORE KAFKA, M.D., Karlsbad, Austria.

The author commences with a summary of the views held as to the nature of diabetes in former and later times. For himself, he prefers to look for a true conception of the disease to its ætiology. As predisposing causes he dwells mainly on heredity, diet (the immoderate use of saccharine and farinaceous matters), and inactivity (leading to deficient oxidation). Among exciting causes he places in the first rank derangements of the nervous system resulting from strong emotional disturbance, though he does not attach so much import-

ance as is often given to continued grief or worry. Trauma, alcoholic excess, and repeated chills are other starting-points of the malady, which he evidently regards as a general disorder of nutrition rather than as seated in any organ or definite nervous centre.

Proceeding to therapeutics, he surveys the German and French homœopathic literature for cases and recommendations, without any definite results. The older writers made no chemical examination of the urine, so that their diagnosis must remain uncertain. Among the later German practitioners, *arsenicum*, *acidum phosphoricum* and *kreosotum* have acquired most repute, while *uranium* has done best in French hands.

The author's own experience is derived from an almost exclusive use of the Karlsbad waters, and he relates fifteen cases in which cures, more or less complete, seem to have resulted. He keeps his patients on an anti-diabetic diet, but allows a little Graham's bread.

#### LA PSORE MENINGÉE CÉRÉBRALE, OU, LES MENINGITES PSORIQUES.

By Dr. BONIFACE SCHMITZ, Antwerp, Belgium.

Dr. Schmitz believes that a form of meningitis occurs which comes under the category of neither "simple" nor "tubercular," and he calls it "psoric." He differs from Hahnemann, however, in disclaiming any connection between psora and scabies; the former being with him an expression denoting "morbid states resulting from accumulation and retention in the blood of excrementitious material of organic origin." They tend to issue in critical evacuations, and often spring up without any, or any sufficient, cause. If their origin can be traced, it is generally to a suppressed eruption or evacuation. A meningitis of this kind presents features leading one to think of the tubercular form; but they are not so severe, and under suitable homœopathic treatment this malady ends in recovery. The principal remedies are *belladonna*, *agaricus*, *apis*, *aconite*, *pulsatilla*, *bryonia*, *sulphur*.

Dr. Schmitz states that he has collected twenty cases illustrative of the malady; but on the present occasion he relates one only, in which the symptoms were

sufficiently grave, but good recovery ensued under *aconite*, *bryonia*, *sulphur* and *agaricus*, all in the 6th dilution; the last seeming to have the most decisive effect. He adds the case reported by Dr. J. G. Blackley in the *Monthly Homœopathic Review* for July, 1885, which he considers of this nature, and several others from homœopathic literature.

#### EAR DISEASE AND GOUT.

By ROBERT T. COOPER, M.A., M.D., London, England.

Dr. Cooper believes that gout causes deafness by affecting the lining membrane of the aural vessels with chronic inflammation; and brings forward a new remedy for such a condition in the shape of the *picrate of iron* (*ferrum picricum*). He relates the incidental pathogenetic effects of this salt which led him to think it homœopathically related to gout, and adds some clinical confirmations. He does not pretend that the drug is specific for gouty deafness, but that, given in the dilutions from 12-30, it will seldom fail to benefit. His only illustrations, however, are two cases, in neither of which is gout mentioned as a factor, and in the second of which the deafness is said to have been "climacteric." In one a distressing tinnitus disappeared under the 3x potency, in the other, deafness and headache under a solution of 1 to 50.

The paper ends with a description of the substantive changes sometimes induced in the ear by chronic gout. Either there is hypertrophy and stiffness with anæmia, or there is eczema, with much tenderness and irritability. In the former case the deafness is said to be very intractable; in the latter it readily yields to *chininum sulphuricum* in the 6x-12x trituration.

#### *Sepia* AND ITS IMPORTANCE AS A REMEDY IN PULMONARY AFFECTIONS.

By Dr. OSCAR HANSEN, Copenhagen, Denmark.

The author begins by an account of the substance we call *sepia*, and of its literature and symptomatology. This he follows up by eleven cases of his own, in which, given in the 12th and 30th dilutions, it has proved curative. Three only, however, illustrate the thesis advanced in the title of the paper, the remainder con-



sisting of gonorrhœa, general ill-health connected with uterine disorder, psoriasis, and ozæna.

REPORT OF A CASE OF MEASLES, FOLLOWED BY DIPHTHERIA, AND COMPLICATED WITH WHOOPING COUGH. POST DIPHTHERITIC PARALYSIS. RECOVERY.

By A. MIDGLEY CASH, M.D., Torquay, England.

Dr. Cash in this paper gives a detailed report of a case in which, after several weeks of whooping cough, measles supervened, in a child living in a poor over-crowded neighbourhood of the town of Torquay. The cervical glands were greatly swollen. On the fifth day extensive diphtheria of an exceptionally adynamic type was developed. On the 12th day the soft palate was paralysed, the face cyanitic and syncope threatened. Up to this time the medicine chiefly relied upon had been *aconite*, *kali bich.* 3x, *merc. biniod.* 3x, *arsenic* 3x, and *digitalis* 1x, as the symptoms had indicated. She was now apparently sinking, any attempt to raise the head from the pillow was followed by fainting. The *cyanuret of mercury* was now given, in the 30th potency, for forty hours. After twenty-four hours she began to rally, and, in another day, was able to swallow milk and sit up in bed. *China*  $\phi$  and *gelsem.* were now given, and three days later the whooping cough gradually increasing as the diphtheritic symptoms disappeared, *drosera* 1x and *bellad.* 2x were prescribed. For a month food had chiefly been given by enemata, now she was able to swallow, and only one enema *per diem* was required, and in two or three days this became unnecessary. On the 40th day foetid otorrhœa was marked, and *pulsatilla* and *causticum* were given. This gradually passed away, and after a period of great weakness and much emaciation, she made a complete recovery.

In some remarks on this case, Dr. Cash points out that the complication of rubeola with diphtheria rendered the diagnosis by no means simple at first, but that presently a typical picture of diphtheria was presented. The addition of whooping cough greatly added to the danger from exhaustion. Dr. Cash also refers to the decline of the whooping cough during the time of the rubeoloid rash and its subsequent return. The post-diphtheritic paralysis occurred much earlier

than it usually does. Dr. Cash further notices the threatened paralysis of the heart and the importance of insisting upon the horizontal position being maintained during convalescence. He also attributes the speedy recovery of cardiac power to the influence of the *cyanuret of mercury*. *Causticum*, he thinks, had more control over the paralysis than any other remedy. The completion of the recovery, ending in robust health without a trace of any nervous disease, shows, he thinks, how even through the most formidable complications, nature may yet find her way to health aided by mild, unreducing, specific treatment.

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## REVIEWS.

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*A Cyclopadia of Drug Pathogenesis.* Edited by R. HUGHES, M.D. and J. P. DAKE, M.D. Part iv., *Berberis—Cannabis*. London: E. Gould & Son, 59, Moorgate Street, E.C. New York: Boericke & Tafel, 145, Grand Street.

It was only in May last that we noticed the publication of the third part of this grand collection of drug-pathogenetic properties, and we have now before us the fourth part, completing the first volume. The promptitude with which a work involving so much labour is issued speaks volumes for the industry and zeal of its editors. In the present part the provings of *berberis* are completed. *Bismuth*, *borax*, *borista*, and *bromium* follow, the last including *bromine*, *hydrobromic acid*, *bromal hydrate* and *bromoform*; next comes *ammonium bromatum*, *kali bromatum*, and *natrum bromatum*, more familiarly known as the bromides of ammonia, potash and soda. Then we have our old friend *bryonia*, and the elaborate provings of the Austrian Society. *Cactus* comes next, and then *cadmium*, *caladium*, and *calcareo carbonica*, *causticum*, *iodata*, *muriatica*, and *phosphorica*. Succeeding this group are *calotropis*, *camphor*, with its *monobromide*, *cannabis sativa* and finally *cannabis indica*. The volume concludes with an appendix, giving under each medicine such additions and emendations as the progress of knowledge, the observations of the editors, or the communications of their colleagues have shown to be required. So that, practically, the different drugs, discussed during the time the work has been in progress, are brought up to date.

With this part, we also have a short preface, in which the editors acknowledge the assistance they have received from their colleagues; and an introduction in the form of an *apologia*

for the existence of the work, with a discussion of the rules or instructions upon which it has been carried out.

The most important of these is the defence of the narrative form in which the provings, experiments and cases of poisoning are presented, as against the "schema," in which we have been accustomed to study our medicines. So far as the indispensable primary study of a drug's action is concerned, no one can doubt but the plan pursued in the *Cyclopædia* is the only really practicable or useful one. On the other hand, the schema, with the repertory, is that which is most readily handled by the practitioner. "This ought ye to have done, and not to leave the other undone."

On this point, however, the introduction says: "When by existing repertories, or by the index, which we shall ultimately compile, a drug is credited with any symptom, on turning to its pathogenesis, the practitioner will find that symptom in its natural place and surroundings, will learn how it was elicited and in what connection it arose. In this way symptomatic prescribing will be just as easy, and far more rational, satisfying, and successful." This paragraph is very hopeful so far as it goes, but it practically means that not for six or seven years will the *Cyclopædia* be of that full value to the busy practitioner that we all desire to see it, neither do we see how it can be otherwise. Without an index it is necessarily impossible to refer to its contents for any symptom or group of symptoms, and it is equally impossible to furnish an index to a work until its completion. Meantime, each practitioner can work out for himself the pathological meaning of the drug effects here recorded; he can here study the nature and properties of a medicine just as, in a work on clinical medicine, he can study the pathological meaning of the symptoms of disease. And there cannot be a doubt but that this is the way, the only true way, in which *Materia Medica* can, or should, be studied. With the following concluding sentences of the introduction we then entirely agree, and cordially commend them to the thoughtful consideration of our readers.

"We hold," it is here written, "that the true way of learning the physiological action of drugs is the study of a series of cases illustrating the disorder they cause. Introductions should precede, such as the student gets from the lectures he hears; and communications should follow, analytical and exegetical, made best by himself, but supplied in abundance by the text-books he has at command. Between the two, however, as for the student of disease there is the observation at the bedside, for the student of drug action there should be the clinical records of pathogenesis, as we have them in the

present volume. They will be found full of life and meaning; and *Materia Medica*, hitherto the dullest and most hopeless, will become the most interesting of studies.

"For the student then—whether one actually in *status pupillari*, or one become such by the necessity of learning the fresh therapeutics of homœopathy—for the student this work is primarily designed. For him, we trust that it will supersede altogether the dreary symptom-lists with which he has so long been burdened. To the practitioner it does not so obviously appeal, and he must wait till the index is made, ere he can use it for reference in actual practice. But in the meantime, if he be alive, he must still in some degree be a student, and may learn many a new truth concerning his most familiar remedies by perusing these records of their action—not to speak of deliverance from illusions."

This is true, and how true it is any one almost may discover for himself by taking up, say the article on *bryonia*,—which doubtless every homœopathic practitioner thinks he knows thoroughly—studying it carefully and *writing out* the result of that study, discussing, in so doing, the relation of the drug to each form of morbid action to which its symptomatology shows a similarity. Candid reflection on such a piece of work will, with most of us, involve the confession that the practitioner was not at all aware how *little* he knew about even so frequently used a medicine as *bryonia*. How essential is repeated study of each medicine will thus be rendered apparent.

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*A System of Medicine based upon the Law of Homœopathy.*  
Edited by H. R. Arndt. In Three Volumes. Vol. iii.  
Philadelphia: Hahnemann Publishing House, F. E.  
Boericke. 1886.

THE third volume of this comprehensive and important work on the Practice of Medicine has promptly followed the second, and appears within thirteen months of the first. This is alike creditable to editor, contributors, and publisher.

This third volume contains many elaborate and carefully studied articles on some of the most important forms of disease, furnished by physicians who write not only of what they have read, but of that which they have seen.

In the articles on diseases of the skin and some of the more common phases of those which attack the eyeball and ear, the first by Dr. Strong, of Ward's Island Hospital, and the two last by Dr. Vilas, of Chicago, the suggestions for the use of medicines are unfortunately their weakest parts. Under each form of disease described, Dr. Strong writes "Consult" so-

and-so, naming a series of drugs, and at the end of his article gives the symptoms, so far as they relate to the skin, of some six-and-forty. Dr. Vilas improves upon this, as the symptoms indicating the several medicines are given under each disease, but they are all very slightly given, and presented in that mechanical alphabetical form which deprives all therapeutic suggestions of the kind of so much of their life-likeness. This, together with other articles in the volume before us, only tends to confirm our conviction that medicines should be arranged in the order of the similarity of their action to the typical forms of disease, placing those first which will be most commonly required and those more rarely called for last. Further, in many instances greater fulness and greater perspicuity might advantageously have been adopted.

The section "Constitutional Diseases," commences with a succinct account of the views held at the present day regarding the inflammatory process, by Dr. Cowl, of New York. Ulcerations and abscesses, by the same author, are carefully described pathologically, and the mechanical and palliative treatment freely detailed, but the indications for the use of specific medicines are entirely wanting, and we are told to "consult" *hepar sulph.*, *mercurius sol.*, and *biniod.*, *silicea*, *calcarea carb.*, *sulphur* and *lachesis*. Surely it was a part of the duty of the author to point out the different relation in which each of these medicines stands to ulcerations and abscesses. *Arsenicum*, by the way, one of the most useful medicines in some forms of ulceration, is not mentioned.

The article on tuberculosis and its various local developments, by Dr. H. C. Clapp, of Boston, is full and instructive pathologically. Therapeutically divers medicines are named as those which have been "recommended" and as those "from which a selection may in most instances be made." This is not what the practitioner wants. He expects in a work of this kind to be told the precise reasons why such medicines are likely to be useful rather than others. Neither the *iodide of arsenic* or the *iodide* or *phosphide of lime* are mentioned by Dr. Clapp—medicines which have established a good claim to our consideration in studying cases of tuberculosis. In the article on cancer, by Dr. Shears, of Chicago, a great deal more might have been said therapeutically than has been done. Dr. Gilchrist, of Iowa City, writing on scurvy and urging the well-attested value of lemon juice, has omitted to point out that Stevens, Hayle, and Kidd have all seen and reported cases of scurvy arising from the undue use of lemon juice and malic acid. In the same writer's article on purpura, the most valuable because most generally indicated medicine in its treatment—*crotalus*—is not referred to.

The article on chlorosis, by Dr. Julia Holmes, of Chicago, is interesting and instructive, and its therapeutics are fairly well given. *Plumbum carb.*, to the value of which Dr. Winter, of Lunenburg, drew attention more than forty years ago—an observation which was confirmed by Dr. Drysdale (*Brit. Jl. Hom.*, vol. iii., p. 218)—is not named. Rickets and scrofulosis are fully discussed by Dr. Gilchrist, and the therapeutics of the latter are clearly given though the arrangement of the medicines is not good. Cyanosis, hydræmia, anæmia and plethora are all discussed by the same author, whose next article is on glanders. Dr. Anna Warren, of Emporia, Kansas, follows on hydrophobia. A little more study and enquiry might have enabled her to be much more precise in stating the indications for the selection of medicines. The articles on typhoid, typhus and relapsing fevers, by Dr. Nichol, of Montreal, are very thoroughly prepared, and the indications for the selection of medicines are stated in a far more useful manner than they are in any other of the essays in this volume. Dr. Falligant, of Savannah, Georgia, contributes the article on yellow and dengue fevers. He is a well-known authority in the Southern States on the former disease, and his large experience in its management is reflected in every part of his essay. Under the head of Malaria, Dr. E. M. Jones, of Taunton, Massachusetts, discusses the various fevers due to this source with much fulness, and the indications for medicines are well and clearly given. The Plague is the subject of a contribution by Dr. Winterburn, of New York, and contains some interesting hygienic observations. Dysentery—a subject of somewhat more practical importance to the physician practising in a civilised country—is discussed by Dr. Orme, of Atlanta, Georgia—a district which furnishes a fine field for its observation, and a good practical article is the result. Dr. Orme prefers *mercurius ritus* to *mercurius corrosivus* in cases where *mercury*, “the chief—the first and principal—remedy of the homœopathic physician in the treatment of dysentery,” is indicated. Cholera forms the subject of an essay by Dr. Dake, of Nashville. His experience in the treatment of cholera, which has been considerable, leads him to attach the highest degree of importance to *camphor* as a remedy. We are somewhat surprised that Dr. Dake has so little to say on the value of *arsenic*—one of the most generally-useful medicines in the severest forms and most dreaded phases of cholera. Erysipelas, by Dr. Gilchrist, and Influenza, by Dr. Crawford, of Chicago, are both useful articles, and the therapeutics of the latter full enough to meet the wishes of the most exacting of physicians in their demand for an extensive armamentarium of drugs. Parotitis is next dwelt upon by

Dr. Laird, of Watertown, N.Y., and Dr. Mitchell, of Chicago, follows with an elaborate article on diphtheria. He ascribes the discovery of albuminuria as a significant symptom of diphtheria to Dr. Wade, of Birmingham. This is an error, as the late Dr. Atkin, of Hull, was the earliest observer of this feature of the disease. He communicated the observation in a note read at a meeting of the British Homœopathic Society, December, 1858; Dr. Wade's notice of it first appearing in *The Medical Record*, January, 1860. Scarlatina, measles, rōtheln and roseola, are each very thoroughly and carefully described by Dr. Winterburn. Small pox, by Dr. Owens, of Cincinnati, and vaccination by Dr. Bailey of Chicago are also good papers; and so too is that on whooping cough by Dr. Wood, of Ann Arbor, Michigan. An account of epilepsy is then presented by Dr. Worcester, of Salem, Massachusetts, and the editor follows with a carefully prepared essay on epidemic cerebro-spinal meningitis, and at the same time supplies his contributors with a very good model of the way in which the indications of medicines should be presented. Pyæmia, by Dr. Pomeroy, of Cleveland, is a brief and not very satisfying or satisfactory description of a singularly formidable condition. Dr. Trites, of Philadelphia, in an essay extending over nearly two hundred pages, concludes the volume with a thorough examination of syphilis in its manifold forms.

Ths long wished and often repeated desire for a complete work on the Practice of Medicine, the therapeutic part of which should be based upon homœopathy, has now been gratified. It has been accomplished, as was only right that it should be accomplished, in the United States of America, where so many of the Colleges authorised to educate and grant degrees in medicine are officered by professors practising homœopathically. A text-book on the subject which should be complete in all its parts had become essential for the students. Taken as a whole, the work has been well done. The pathological parts are in the majority of the articles unnecessarily diffuse and spun out, while in not a few the *differentia* of various medicines adapted to the several diseases are but imperfectly stated. If we might make a suggestion to the authors in view of a second edition being required, it would be this: Present the pathological portions of your essays more succinctly; study afresh the medicines commonly indicated, describe the indications for the use of each more freely, referring not merely to the local but also to the general symptoms of each, and place them in the order of the frequency with which they will in all probability be called for in practice.

The publication of such a work as this is one of the most important events in the history of homœopathy. That it has

been so well and completely done as it has been is highly creditable to those who have taken a part in it. At the same time we believe that it is capable of being improved upon, and that none are so well able to improve it as Dr. Arndt and the accomplished and experienced colleagues who have assisted him in this great and very valuable undertaking.

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*Purpura.* By GEORGE WINTERBURN, M.D., &c. New York: Chatterton, & Co. 1886. Pp. 240.

IN this essay Dr. Winterburn gives us the results of a careful and thorough study of the literature of purpura, and illustrates them by the records of some thirty hitherto unpublished cases which have occurred in the practice of different physicians. In addition, he analyses the various medicines, the provings of which point to them as remedies in the different forms which the disease may assume.

It is a clear and succinct account of a truly formidable and happily rare morbid condition, while the therapeutic part is of especial value, bringing together as it does a large amount of information useful in itself and readily referred to—a point of no slight importance when time is of such great consequence. Some of Dr. Winterburn's criticisms on the therapeutics of those whose cases he describes are both interesting and instructive.

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*Homœopathic League Tracts, 1—4.* London: J. Bale & Sons, 87, Great Titchfield Street, W.

WHATEVER objection may have been taken by some to the constitution of the Homœopathic League and to some of the forms of work proposed to be undertaken by it, all we are sure will approve—warmly approve—of the issuing by it of information regarding homœopathy, and equally so of the quality of the information issued.

Tract No. 1 supplies reasons for the establishment of a League; No. 2 answers the question, "What is Homœopathy?" No. 3 describes the origin of homœopathy; and No. 4 recounts some of Hahnemann's achievements in medicine and the allied sciences.

There is little or no doubt but that ignorance of what homœopathy means is at the bottom of nearly all the opposition it encounters. The first step, therefore, to stimulate an advance is the removal of this ignorance. Large books no one has time and few the inclination to read; but short, pithy, striking tracts, such as these, hardly any would lay aside before perusing. We therefore recommend them for



distribution to all who desire to assist in developing homœopathy. Wherever in Society one hears homœopathy sneered at, in that quarter drop one of the tracts of the Homœopathic League.

We have heard with much pleasure that Lord Ebury has accepted the Presidency of the League.

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## NOTABILIA.

### THE INTERNATIONAL HOMŒOPATHIC CONVENTION, 1886.

THE arrangements for this quinquennial meeting of medical men of different nationalities practising homœopathy are now completed. The Convention will take place at Basle or Bâle, in Switzerland, at the Hôtel Schweizerhof, and the first session will be held at 9.30 on Tuesday next, the 3rd of August.

That the gathering will be as large as it might reasonably have been expected to be—as indeed it undoubtedly would have been had our Belgian and German colleagues joined heartily with us in endeavouring to promote its success, instead of, as they have done, doing their “level best” to prevent any approach to success—cannot be looked for. But that it will be a singularly interesting and instructive meeting is fully assured. Dr. Hughes has exerted himself without stint to render the meeting in every way worthy of the cause he represents. He has at any rate deserved success—to do more is not given to mortals. The Belgians declined to work until success was guaranteed them, and as this was impossible they effected nothing and deserved no more.

How many English physicians are going we know not, but we have heard of something like twenty, at any rate, and probably many more will include a visit to Basle in their holiday. For, we believe, the first time in the history of homœopathy, Denmark will be represented at a general meeting of homœopaths. Dr. Oscar Hansen, of Copenhagen, will be present, and contribute a history of homœopathy in Denmark, and also a paper on *Sepia as a Pulmonary Remedy*. There is a goodly number of American physicians in Europe this summer, and of them not a few will, we understand, be present. At the meeting of the American Institute of Homœopathy, held at Saratoga, on the 29th of June, the President, Dr. Runnels, Dr. Dake (Nashville), Dr. Talbot (Boston), and others did all in their power to direct the attention of their colleagues to this international gathering, and showed the thoroughness of

their sympathy by sending a subscription of \$170 to meet the inevitable expenses. Finally we hope to meet a large number of our Swiss colleagues; as the annual meeting of the Swiss Homœopathic Society, which was to have met this year at Constanz in September, under the presidency of Dr. Schaedler, of Berne, has now resolved to assemble at Basle, and to meet concurrently with the Convention.

Since the foregoing was in type we have had good reason for hoping to have the pleasure of meeting no inconsiderable number of our French colleagues, and among them Dr. Léon Simon, père, and Dr. L. V. Simon, fils, Dr. Jousset, Dr. Claude and others.

Dr. Hughes will arrive at the Hôtel Schweizerhof on Monday, August 2nd, at mid-day, and will remain "at home" during the afternoon to receive visitors, enrol members, supply *précis* of the papers to be submitted for discussion, and give such information regarding the meetings as may be necessary.

During the Convention, viz., on Tuesday, Wednesday and Thursday, the members with ladies accompanying them, will dine together *sans cérémonie*. After dinner the proceedings will be enlivened by speeches, songs and music.

The following is the

#### PROVISIONAL PROGRAMME.

Monday, August 2nd,

A PRELIMINARY meeting will be held at the Hotel Schweizerhof, at 8.30 p.m., for the election of officers and adoption of rules of procedure.

Tuesday, August 3rd.

The Convention will assemble at 9.30 a.m., and sit, if necessary, till 1 p.m.

The quinquennial reports from the various parts of the world will be presented, and the meeting will be addressed by physicians belonging to the several countries represented at the Convention. Thereupon will follow a discussion on the present state and future prospects of homœopathy, and the best means of furthering its progress, based on a paper by Dr. Dudgeon, of London, entitled *En Avant!*

In the afternoon, at 3 o'clock, a Sectional Meeting will be held, at which a paper on Hygiene, by Dr. Roth, of London, will be read and discussed.

Wednesday, August 4th.

The Convention will meet in the forenoon, as on the day before.

The first volume of the *Cyclopædia of Drug Pathogenesis* will be presented to the meeting by its editors, with an exposition of its claims to be the future *Materia Medica* of homœopathy. A discussion will then be taken on the subject, based upon

papers relating to it by Dr. Imbert-Gourbeyre, of France, Dr. T. F. Allen, of New York, and Drs. Drysdale and Hughes, of England.

At the close of this discussion, a paper on *Nicotism* by Dr. Clarke, of London, will be presented and debated on.

In the afternoon, at 8 o'clock, a Sectional Meeting will be held, to hear and consider *A Plea for an International Pharmacopœia*, by Mr. Wyborn, F.C.S., of London.

Thursday, August 5th.

The Forenoon Session will be held as usual; and the following papers will be presented and discussed:—

*Diabetes Mellitus*; by Dr. Theodore Kafka, of Karlsbad.

*Far Disease and Gout*; by Dr. Cooper, of London.

*La Psore Mèningée Cérébrale*; by Dr. Boniface Schmitz, of Antwerp.

*Sepia as a Pulmonary Remedy*; by Dr. Oscar Hansen, of Copenhagen.

*A Case in which Measles and Diphtheria combined to complicate Whooping-cough*; by Dr. Midgley Cash, of Torquay, England.

*Kali Bichromicum in Eye Disease*; by Dr. Byres Moir, of London.

*Some Points in Cutaneous Therapeutics*; by Dr. Galley Blackley, of London.

An Afternoon Session will be held at three o'clock, the first business of which will be the selection of a place of meeting for 1891; after which anything which may remain of the morning's programme will be taken up, and the whole concluded by an address from the President.

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## DISCUSSION ON HOMŒOPATHY.

(Continued from page 438.)

In the number of *The English Mechanic* for the 25th June, Dr. Clarke and Dr. Pope reply to the letters of "M.D." and "Doctor Medicinæ," which appeared in that for the 18th. In their replies they show, that while the practice of homœopathy does not preclude the use of other measures than such as are homœopathic when, from whatever cause, these are not applicable, yet, as the former writes, "within the sphere of drug-giving 99 per cent. of the homœopathist's practice is strictly homœopathic; and the exceptional cases no more affect the general character of that practice than the existence of mountains on the earth's surface affects its globular character." Dr. Pope defends the use of the word homœopathy in a scientific sense, and shows that for professional purposes it is not employed by those who practise homœopathically. "Ponto"

advises a previous correspondent, "Mechanic," to eschew physic, and "feed plainly but plentifully."

"Archibald Fry (Sydney)" testifies to the power of the 3rd trituration of *calcareo carbonica*, taken in grain doses daily for some days or weeks, to create acid dyspepsia, itching and burning in the eyelids, the lachrymal gland and eyeball, with a feeling that it is too large for the socket. "Hydropathist" quotes the opinions of some eminent physicians as to the worthlessness of ordinary drug medication. "Truth Seeker" thinks that disease is nature's remedy, that the promptings of nature should be obeyed, thirst allayed by cold water, coldness by heat, and so on; but, that as no one ever had a natural or morbid desire to take blue pill or mercury, these things must be wrong, and he is quite in the dark as to the "natural sense or fitness of *similia similibus curentur*." "A General Practitioner" replies to the letters asking for a remedy for "asthma" and "dyspepsia," and protests against the professional use of the word homeopathy. Dr. Ussher, referring to "M.D.'s" statement—"the general public believed that they were treated homeopathically by homeopaths," asks if they ever believed that they were treated homeopathically by allopaths, who stole the fire they did not know how to use, and burned their fingers accordingly! "Samuel Davy" advises a "Mechanic" to consult Dr. Allinson. "S. Bottone" gives renewed currency to that very ancient libel that homeopathy is the resort of the imperfectly educated and professionally incapable among medical men. He then advises "Norman" to give small doses of tartar emetic in the case of asthma about which he wrote, and inhalations of "Benzine Collas."

On the 2nd of July "The Dispenser of the Free Dispensary at Sydney" refers to the sexual irritation produced by iron. "W. M." urges that homeopaths are as fully qualified as allopaths. "Os" goes back on "the name," and to it traces the cause of the dispute between homeopath and allopath. He says that medical men rely too much on drugs, and that their success in life depends not on skill, but on tact and business habits. He cannot see how the thousandth part of a grain of carbonate of lime can be of any service when the substance is already contained in ordinary drinking water. "M.D." in replying to Dr. Pope and Dr. Clarke, says that he "was perfectly aware that intelligent homeopaths admitted the non-applicability of homeopathy to every case," but he was not sure that the general public knew as much. We can assure him that the general public are much better informed than he gives them credit for being. In this letter he retires from the discussion, declining to defend Drs. Ringer's and Brunton's silent appropriation of other men's

work, and cannot see that it would do them any harm to acknowledge it. They, however, do see this. We cannot help thinking that with a little more pluck and some additional study, "M.D." would himself become an intelligent homœopathist; neither should we be at all surprised to learn that, even now, he is a "crypto-homœopath." Dr. Allinson gives his views on the nature of disease, the properties of drugs and hygiene. The observance of hygienic rules is, he contends, sufficient to cure disease more quickly than either homœopathy or allopathy can do.

On the 9th July, Dr. Clarke replies to "M.D.," showing once more the therapeutic pilferings of Ringer and Brunton. He traverses the so-called sectarian argument, one which carried out legitimately proves that the boycotting allopath is the sectarian. "'M.D.," he writes "is welcome to the weapon. It cuts his own hand and doesn't hurt us." Adding, "he cannot say that homœopathy is not true, that it is not good, that it is not an invaluable rule of practice." "The Dispenser at the Free Dispensary" replies to "S. Bottone" to the effect that tartar emetic is homœopathic to cough. "I. K. Smythies" tries a little ridicule in rhyme, of which we entirely fail to see either the appropriateness or the point, except it be that it shows "I. K. S." to know nothing of homœopathy! "R. I. R." next replies to Dr. Allinson. "Alfred W. Soward" shows that the non-applicability of the law of similars in every case does not detract from its claim to be a universal law, but merely the, as yet, imperfect state of our knowledge. "A General Practitioner" replies to "Truth Seeker's" remarks on the business position of medical men. Dr. Pope, in a letter of some length, replies to "M.D." on the "name question," which he describes as a very puerile objection to homœopathy, arguing that the only question a medical man ought to ask himself on the subject is whether there is any evidence to show that disease can be cured more frequently, more safely and more certainly with homœopathically selected medicines, than without them, or by the measures commonly taught in the schools. He shows by statistics that there is abundant evidence of the kind. He also replies to Dr. Allinson, showing by reference to Diel's experiments at Vienna, supplemented by the late Professor Henderson's observations, that it has been proved clearly enough that by the use of small doses of homœopathically chosen drugs disease is not only more frequently cured, but is cured more rapidly than when Dr. Allinson's principles are enforced.

We defer noticing the remaining letters in the July numbers to next month.

## BLINDNESS DUE TO DECAYED TEETH.

DR. WHIDMARK, a Swedish surgeon, having as a patient a young girl in whom he was unable to detect the slightest pathological changes in the right eye, but who was yet completely blind on that side, observing considerable defects in the teeth, sent her to M. Skogsborg, a dental surgeon, who found that all the upper and lower molars were completely decayed, and that in many of them the roots were inflamed. He extracted the remains of the molars on the right side, and in four days' time the sight of the right eye began to return, and on the eleventh day after the extraction of the teeth it had become quite normal. The diseased fangs on the other side were subsequently removed, lest they should cause a return of the ophthalmic affection.—*Lancet*.

## GALIUM APARINE IN PSORIASIS.

SURGEON-MAJOR ORWIN, writing in the *British Medical Journal*, says:—

“The wife of a staff-sergeant in this garrison had psoriasis of the left hand for upwards of twelve months. She derived no benefit from *chrysophanic acid ointment*, *tar ointment*, or *arsenic*, and was unable to do any house-work on account of the painful fissures and general soreness of the affected part. A friend advised a trial of *galium aparine* to be applied locally as a poultice, and also to be drunk as an infusion. In less than three weeks the psoriasis disappeared, and the skin resumed its normal state.

## EPILEPSY.

WE have received a note from Dr. Alexander Villers, of Geithain, near Leipsic, informing us that for some years past he has been especially engaged in studying the pathology and therapeutics of epilepsy. His work, so far, has convinced him that any useful results can only be obtained by a kind of collective investigation. He asks, therefore, for the active assistance, in pursuing his enquiries, of all homœopathic physicians. He desires especially to secure notes of the condition of the entire nervous system presented by patients labouring under epileptic attacks; and also as much information as possible about cases of epilepsy that have been under homœopathic treatment, whether such treatment has been successful or unsuccessful.

He adds that he will be very grateful for any notes or suggestions he may receive on this subject, and also for any references to the literature of epilepsy, with which practitioners may be willing to favour him.

## THE BRISTOL HOMŒOPATHIC HOSPITAL AND DISPENSARY.

THE report just issued contains the following very satisfactory results of the work done.

The attendance, which from June, 1883, to September, 1884, was 5,144, has been from October, 1884, to December, 1885, 7,550, and the number of monthly tickets, either given by subscribers or purchased (mostly the latter), is 2,051.

The home visits have been continued as usual, 400 visits having been paid to 60 persons residing mostly in the neighbourhood of the Dispensary. This is about the same number as last year. Among the 60 patients 9 died and the others were all cured, or improved in health, except two or three who went elsewhere before the treatment was finished.

The Medical Officers are Dr. Morgan, Dr. Fallon, Dr. Nicholson and Dr. Bodman. Mr. F. Wheeler is the Chemist and Dispenser.

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## OBITUARY.

### GEORGE DUNN, M.D., J.P.

It is with more than ordinary regret that we announce the departure from amongst us of Dr. DUNN, one of our oldest friends, one who, with but two or three exceptions, began, we believe, to practise homœopathically in England earlier than any of our colleagues now living, and one who has fought the battle of homœopathy manfully, vigorously, and successfully during the last forty-five years.

GEORGE DUNN was born at Barnsley in 1804, and died on the 8th of May at Hastings, New Zealand, after a few hours' illness, apparently from sudden failure of a long enfeebled heart. On the evening of the 7th he was sitting chatting with a friend at the Carlton Hotel, where he had been staying for three or four months, when he was suddenly seized with headache and giddiness. He was carried to bed, and Dr. Hoadley, a medical man practising in the town, sent for. He soon became unconscious, and at 2 o'clock in the morning quietly passed away at the age of 82.

In many ways Dr. Dunn was a remarkable man, and his career also was in some respects a remarkable one. After the usual routine of school life, he was apprenticed to Mr. Keele, a half-pay surgeon of the Royal Navy, practising at 44, Cheyne Walk, Chelsea, a gentleman who, to use Dr. Dunn's own words, "had what was called a genteel practice, whose gentility required the patients to take from four to eight one-

and-a-half ounce draughts, tied over with pink paper, per diem, a pill or bolus at bedtime, and sometimes a neat little blister, which of course required dressing for two or three days. The patients were few in number, but they kept me cooking for them," he said, "from 10 a.m. to 6 p.m., decoctions and infusions of the simplest drugs." Master and pupil soon got on very intimate terms. The naval officer delighted in spinning sea yarns, and the apothecary's apprentice was just as pleased to listen to them. After eighteen months of mixture and pill making, these yarns had made an indelible impression, and a summons to active service having been received by the surgeon, and arrangements made with Apothecaries' Hall with regard to the indentures, the master joined his ship, and young Dunn set off to look for one in the East Indian Merchant Service. Here he felt thoroughly at home, and rose rapidly in rank until he became the captain of an East Indiaman, making voyages to Calcutta and elsewhere; on one occasion he sailed to Australia in command of a convict ship—his next voyage to that Colony being taken 62 years later. Once when in the Mediterranean he was at Alexandria, and he told us one day, when standing with him looking at Cleopatra's needle on the Thames embankment, that when the needle was lying prostrate in the sand at Alexandria, fifty years before, he made a bet of a guinea to ride a donkey down the length of it, and won!

The life at sea he thoroughly enjoyed, and never did his love of the ocean wave leave him. During this time he formed a friendship with a Captain Weller, also in the East Indian Merchant Service. They arranged to purchase a ship between them, and, in order to make this purchase, Dunn went down to Hull. Availing himself of the opportunity thus presented of visiting his home, Cupid appeared upon the scene, upset the East Indiaman, and a matrimonial engagement was entered into with the understanding that he abandoned the sea and returned to medicine. He shortly afterwards, on the 30th June, 1828, married Sarah, the daughter of William Dawson, Esq., of Kettlethorpe Hall, near Wakefield. He now went to Edinburgh, where he studied for three years. He was here during the Burke riots, saw the villain tried and hung, and afterwards helped at his dissection. He now became a licentiate of the College of Surgeons, and subsequently passed the examination at the Apothecaries' Hall, after which he spent some time in Paris, studying under Dupuytren—his bent being always for surgery rather than medicine. During his stay in Paris, cholera prevailed and he became actively engaged in striving to prevent its fatal effects. After leaving Paris he entered,



in 1838, as dresser to the late Sir William (then Mr.) Lawrence, at St. Bartholomew's Hospital.

Having completed his studies in London, he settled in Doncaster. It has always seemed strange, indeed, almost inexplicable, that a man so full of energy, so abounding in restless activity, so eager for excitement, should have selected such a quiet and uninteresting little town as Doncaster, and one presenting so little scope for professional advancement as it did fifty years ago, in which to endeavour to build up a practice. But so it was, and after waiting for some time patients began to appear, and in the course of six or seven years he had a practice worth nearly as many hundreds.

About this period, Dieffenbach's reputation was rising high among surgeons, and the operations for strabismus and for club foot were becoming the topic of conversation in professional circles. To satisfy and inform himself, Dunn travelled to Berlin and attended the clinique of the great operating surgeon. On his return to Doncaster he soon made the results of his visit felt in practice, and cases of squint and club feet came to him from all parts of Yorkshire and Lincolnshire. So considerable was the excitement produced by the novelty and success of this kind of surgery that one of the Doncastrians "dropped into poetry," and the following lines appeared in a local paper:—

" True, Dr. Dunn, you liberate the eye,  
By fun or fortune placed awry ;  
But we in vain your lancet craft bespeak,  
If once the moral sense is left oblique.  
Henceforward, indebted to men like you,  
The world will look straightforward, honest, true ;  
But the mind's eye, Horatio, baffles skill,  
If once that organ squints, it always will."

G. M.

It was, we believe, somewhere about the year 1842 or 1843, that a lady removed with her school from Huddersfield to Doncaster, and enquiring of one of the tradesmen for the doctor who treated his patients with the least physic, was recommended to Dr. Dunn as giving no medicine at all, "only a few drops!" Dunn had always been in the habit of giving but little medicine. "Steel drops" as a tonic, effervescing salines in fever and inflammations, mild aperients, expectorants and so on formed the bulk of his physicking. Sent for to see this lady's sister in the last stage of phthisis, she was surprised at the small quantity of medicine ordered, and said to him "I wonder, doctor, that you are not a homoeopath, as you have no faith in old physic." He referred, in explanation, to what he had heard of homoeopathy when he was in Paris, and to Andral's so-called experiments. Mrs. Lewis, however,

was not to be so easily silenced. She lent him some books on the subject, and offered him an introduction to the late Dr. Chapman, then practising in Liverpool. This he afterwards accepted, and, when visiting Dr. Chapman, saw enough to convince him that the system deserved cautious enquiry and investigation. This, on his return home, he proceeded to give to it, and was simply astounded at the results he obtained. Now began that conflict between self-interest and duty to patients, which has been gone through by every medical man who, having practised for some years on the old lines, and having afterwards seen the great advantages presented by homœopathy in controlling disease, has determined to be true to his pledge to do the best he can for the relief of those who consult him, and has consequently treated them homœopathically. Patients, who had been accustomed to eight ounce mixtures, more or less distasteful to the palate, to five grain pills, not altogether easy to swallow, and to powders requiring strawberry or raspberry jam to get them down at all, lost all confidence in the doctor who gave them tasteless powders as antidotes to their aches and pains. The value of the practice fell rapidly from six to two hundred a year. It was an anxious time. Relatives and friends became alarmed, family responsibilities were increasing, and, finally he was urged to give up homœopathy and return to the old routine, as that had, at any rate, provided him with a living. To this appeal he, with that firmness and determination which characterised him throughout life, replied that he would not and that he could not, that it was impossible to go from Christianity back to Paganism. He was right. *Vincit omnia veritas*. Patient perseverance in well-doing was not to be gainsaid. Here, as has ever been the case, the results told; nothing succeeds like success, says the proverb, and Dr. Dunn's homœopathy, carefully applied, succeeded in curing disease otherwise incurable, as it has done elsewhere.

The tide turned; patients came back and brought others with them, and in a few years he found plenty of work for three horses, and was doing a lucrative practice.

Having only taken the surgical diploma in Edinburgh on completing his studies in that city, he, in 1848, returned to the University and graduated as a Doctor of Medicine.

For some years prior to 1850 there had been a good deal of talk in the town and neighbourhood of building an infirmary in Doncaster. From one cause and another nothing had been done. But about 1850 or 1851 the Great Northern Railway Company removed its plant from Boston to Doncaster. The works carried on were occasionally the cause of severe accidents, and the nearest hospital

was at Leeds, some thirty miles distant. It having been found impossible to unite all around in erecting a hospital, Dr. Dunn determined to undertake the duty single-handed. This no sooner became known, than all the medical men in the town banded themselves together to prevent it. Every species of annoyance, both personal and professional, that envy and malice could suggest, were put in force to compel Dr. Dunn to desist from his purpose. So manifestly unfair was the opposition, that the gentleman from whom the land had been bought returned the purchase-money! The foundation stone was laid on the 26th of May, 1852, by Dr. Dunn and his son, Walter Hahnemann, then a little child. This outward and visible sign that the institution was now fairly commenced being given, his medical neighbours at once renewed hostilities. The "Infirmity Committee," which had been formed some dozen or fifteen years previously, was summoned, and it was agreed that a general infirmary was urgently needed in the town, but that Dr. Dunn's project was homœopathic, inadequate and badly situated, and consequently worse than useless! After two or three meetings, at which the time of the committee was chiefly expended in denunciations of homœopathy in general, and Dr. Dunn in particular, a sub-committee was appointed to canvass for subscriptions and another to select a site. The subscriptions could not be obtained, and on the suitability of any proposed site, the members of the committee could not agree. With scarcely an exception, every one appealed to for a donation declined on the grounds that Dr. Dunn's proposal was sufficient, and had already received their support. On the 26th January, 1853, St. James' Hospital was opened, a service being held at the Parish Church, when a sermon was preached by the Vicar, the late Dr. Sharpe. Service being concluded, Dr. Dunn, accompanied by the vicar and a number of friends, adjourned to the hospital, and in one of the wards an elegant *déjeuner* was spread. Among those present on this occasion were the late Dr. Ramsbotham, the late Dr. Ransford, and Dr. Pope, and letters of regret at their enforced absence were read from the late Dr. Atkin, of Hull, the late Dr. Phillips, then of Manchester, the late Dr. Calvert Holland, of Sheffield, and Dr. Brereton, now residing at Sydney.

At this hospital Dr. Dunn worked assiduously until he left the town some twenty-three years after it was opened. There he repeatedly performed all the major operations of surgery. When without an assistant, he had to amputate with the help only of his groom, an intelligent man who had previously been a sergeant in a cavalry regiment. Not a medical man in the town would so much as tie an artery for him! Not one would

administer the chloroform! The savagery of the opposition proceeded to lengths hardly credible now! On one occasion, we well remember hearing him describe how a man, who had had a severe accident at the railway works, was brought into the hospital. He himself was visiting patients in the country, and his assistant, a comparatively young man, felt himself incapable of controlling the severe hæmorrhage which was going on. A man was despatched for a surgeon—one to whom Dr. Dunn had rendered many a kindness in times gone by. He came to within a short distance of the entrance of the hospital, and sent a message to the assistant that, if he wanted his help, he must bring the man into the street to him, for go into "that place" he never would! Fortunately this put the assistant on his mettle, and he succeeded in doing what was necessary to meet the emergency until the return of Dr. Dunn! The barbarous surgeon returned home discomfited! This sort of opposition was too inhuman to live long, and Dr. Dunn was too determined, too self-reliant, and withal too capable a surgeon to be extinguished by it, however long it might be persevered in. A case of empyema in private practice, on which he operated successfully, without any other help than that afforded by the patient's wife, created a good deal of stir among the surgeons of the town, and one of them who had joined in signing a "round robin" never on any occasion to assist Dr. Dunn in an operation, came to him afterwards, expressed his regret at having signed the "round robin," and added "I'll assist you at any time you require assistance."—and he proved, during many years, to be as good as his word.

During the earlier part of his career in Doncaster, Dr. Dunn was an energetic politician, of what was then called the Whig party, speaking at political meetings, and taking an active part in electioneering contests. He afterwards entered the town council, became an alderman, and in 1856 was elected mayor of the borough, and placed on the Commission of the Peace.

In 1863 he visited America, during the time the war between the north and south was raging, sailing across the Atlantic in the *Great Eastern*. On his return he delivered a lecture in the Guildhall, giving a graphic description of the voyage and of his observations of the condition in which he found the American people.

In 1866 Dr. Dunn sustained a very serious accident, involving a somewhat rare injury, through a fall from his horse; the animal, slipping on some ice on the road just as he was pulling up at his door, fell and rolled with him, and a fracture of one ischium was the result. This involved a long rest on

a water-bed. His friend, Mr. Russell of Doncaster, came to his assistance, and did what was surgically necessary, and he was visited occasionally during his illness by Dr. Pope, then residing at York. Throughout the whole time he was as cheerful as usual, as full of fun and anecdote as ever. His practice was attended to by assistants, and was "all there" on his recovery. His general health, however, received a shock which he never thoroughly got over. Bronchitis troubled him during the winters, and ultimately led to emphysema of the lungs. His heart, also, got slowly weaker, but nothing would he allow to prevent him continuing at his post unless he could get thoroughly competent help to carry on both his private and hospital practice. When he could do this he took a holiday in the South of France, or, as in 1872, another trip to America. Thus he laboured on until 1876, when he finally retired from practice, and came to reside in London. Here he passed through several severe illnesses, arising from the impaired state of the heart and lungs. During intervals of comparative health his activity was as marked as ever. He spent several summers in doing *locum tenens* work for his colleagues, both in London and the country. In 1884 he sailed for Australia and New Zealand, and while at sea and in the colonies was apparently in excellent health. In Australia he could not cease from work, and was employed by an insurance company to examine candidates for life policies living in remote districts! He returned home during last summer, and appeared remarkably vigorous for a man of 81. He prepared a lecture on Australia and New Zealand, which he delivered at Eastbourne and other places, took *locum tenens* work again, and resolved to have another sail! During November he paid a last visit to Doncaster, staying with his old friend Mr. Fisher, the husband of his second daughter.

While there he delivered his lecture on Australia and New Zealand, and bid defiance to the severe weather prevailing at the time in a somewhat reckless fashion; the consequence being that on one occasion, after prolonged exposure to cold, he was only just able to reach his daughter's house, and on entering fell in a faint. He was removed to bed, and under good nursing and care rallied somewhat. After a few days Dr. Ramsbotham, of Leeds, saw him, and found him perfectly conscious, but thoroughly exhausted, the heart very weak and pulse fluttering, with constant vomiting of food. These symptoms, with the pulmonary emphysema and chronic bronchitis, rendered the outlook very hopeless. Once more, however, that vigorous constitution which had so often stood him in good stead enabled him to hold up, and under the skilful treatment of Dr. Ramsbotham,

and the kind and constant care of his daughter, he improved, and wrote a very cheery letter during the middle of December. He was determined to go on board ship again, whatever happened, and three days after arriving in London he was received on board the *Arava* and sailed to New Zealand, whither his son had gone during the autumn. Here he took up his residence at the Carlton Hotel, Hastings, for two or three months, and then suddenly passed away as we have already narrated. On the day on which he died he had written a most cheerful letter to his daughter, Mrs. Fisher, and stated that he was about to remove to Wellington to visit some old Doncaster friends who had settled out there some thirty or forty years ago; and then to visit another daughter at Sandhurst, Australia.

As genial a man as one ever meets with, full of joke and anecdote, ever ready to do a good turn for a friend, honest, straightforward and true, Dr. Dunn was a universal favourite wherever he went. *The Hastings Star*, of the 12th May, in noting his death, says: "Those who had the privilege of his acquaintance will long remember him with kindly feelings, for beneath a somewhat reserved exterior there beat the warm and generous heart of a true gentleman." His funeral was attended by a large number of the more prominent residents in Hastings.

Dr. Dunn was a fine example of the success which attends industry, self-reliance, and true courage; as one who exhibited these qualities in an unusually marked manner he will long be remembered by all who knew him at any period of his long, laborious, and anxious career.

Mrs. Dunn, with his son, now practising in New Zealand, and several daughters survive him, and have the warmest sympathy of all his colleagues, and a large number of friends scattered over the world, in this their great affliction.

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#### CHARLES RANSFORD, M.D. & F.R.C.P., Edin.

DR. RANSFORD was a native of Bristol, and at the Royal Infirmary of that city commenced his medical education, studying afterwards in London, Paris, and at the University of Edinburgh, where he graduated in 1838. For fifteen years he resided and practised in Edinburgh, and for some time was physician to one of the city dispensaries. His chief work in Edinburgh was in connection with the College of Physicians, of which he was elected a fellow shortly after his graduation. The finances of the College having fallen into great confusion, Dr. Ransford was elected its treasurer, and in extricating the College from its difficulties, and managing its funds, he per-

formed a service which met with recognition when, on leaving the city in 1848, he was presented with a very handsome tea and coffee service by the Fellows.

While in Edinburgh, Dr. Ransford was conspicuous for the bitterness with which he denounced homœopathy and all who practised homœopathically. When the late Dr. Black was proposed as a Fellow of the College, he exerted himself, and that successfully, to secure his rejection at the ballot, solely on account of Dr. Black's acknowledged faith in homœopathy.

In 1848 he entered into partnership with a general practitioner at Alnwick, where he had a considerable clientèle. It was while here that homœopathy was pressed upon his attention. One circumstance after another occurred, each and all testifying to its practical value, each and all inexplicable on any other hypothesis than that it was true. It is to Dr. Ransford's credit that, so utterly prejudicial as he was, he should nevertheless have yielded so far as to determine on testing the question clinically. To aid him in carrying on some clinical experiments, he wrote to the late Dr. Rutherford Russell, and visited Dr. Hayle of Newcastle-on-Tyne (now of Rochdale). Both gentlemen readily assisted him in this work. Astonished at the results he obtained, when fully assured that they were due to homœopathy, he manfully came to the front, and in a very interesting essay in the *British Journal of Homœopathy*—subsequently reprinted as a pamphlet—he gave his *Reasons for Embracing Homœopathy*.

He now removed to York, and ten years later to Sydenham, where he practised until a few years ago, when, his health breaking down, he retired from practice. At the Hospital of St. Cross, at Winchester, he found a quiet resting place, and there, after a long illness, he died on the 11th ult., in the 79th year of his age.

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## CORRESPONDENCE.

### AMERICAN INSTITUTE OF HOMŒOPATHY.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Your memories of the meeting of the American Institute of Homœopathy at Lake George, seven years ago, will bring to your mind something of the pleasant surroundings at the session just closed at Saratoga. But we had this year one great advantage. Instead of being shut up to the tender mercies of a single hotel-keeper, we had a city of hotels to choose from, and selected one of the finest in this country—the Grand Union. It is capable of entertaining 2,000 guests, and as it was opened specially for us a week before the

crowd begins to come, and as the proprietor, Mrs. A. Y. Stewart, and Judge Hilton, her friend and the executor of the Stewart estate, are both good homœopaths, they told their manager to do his best in providing for our comfort.

Probably most of your readers are aware that Saratoga is our most noted summer resort. More than a 100,000 visitors find their way here every year during the summer months. Some are attracted hither by the beauty of the place, some to drink its saline waters, while many come because others do. You can well imagine that, with an empty hotel, the obliging landlord had little difficulty in disposing of his 500 guests—800 doctors and their friends. The beautiful park in the centre of the hotel, with its fountains brilliantly illuminated by coloured electric lights, proved attractive not only to the "friends," but to the grave doctors as well, when the evening session had closed. At any rate, so delighted were the members with the session and its surroundings, that they unanimously voted to come here again next year—a proceeding unexampled in the history of the Institute.

I shall not undertake to give you an abstract of the work accomplished, some idea of which you may gather from the daily papers which I forward. The address of President Runnels was a clear, thoughtful, well-considered paper. It indicated some of our weak points and the way to overcome them, and was very well received. The Bureau of Organization, Registration, and Statistics has a somewhat difficult task to gather annually the reports of all our institutions, which embrace 5 national societies, 2 sectional societies, 28 State medical societies, 125 local medical societies, 51 hospitals, 46 dispensaries, 18 colleges, and 22 journals. Many of these did not report, but the 36 hospitals which did took care of about 25,000 patients, while 88 dispensaries cared for 180,000 patients last year. The 18 colleges have on an average about 100 students each, and have graduated between 7,000 and 8,000 physicians. These colleges have done much to give numerical success to homœopathy in this country.

It is very gratifying to see these colleges improving year by year. They are all represented in the American Institute by two delegates from each college, the whole forming an intercollegiate committee. This committee meets, consults as to the best means of improving medical education, adopts such measures as can be enforced by all the colleges, and accompanies this by resolutions to the Institute which that body up to the present time has always unanimously adopted. The subject of medical education was also brought before the Institute by a special



committee, and received more consideration this year than ever before.

There was never a time when the future of homœopathic medicine looked so bright in this country as now ; never when its practitioners felt more assured of success, or realised so fully the responsibility resting upon them. Public charitable institutions are not things of rapid growth. If they have not the prestige of permanency, they require time to determine their right to exist, and patient, plodding, strenuous effort is essential to their success. For many of our homœopathic hospitals, the effort of the last twenty years seems now to be rapidly bearing its fruit. Thus the Pittsburg Homœopathic Hospital, which struggled on in an old building doing all the good it could, has, within the last few years, received \$100,000 from the State of Pennsylvania, and nearly as much from private beneficence ; New York has devoted Ward's Island Hospital, with some 600 beds, to the care of its pauper sick, and established at Middletown one of the most flourishing insane asylums in the State. Chicago has devoted one-third of its immense Cook County Hospital to patients to be treated homœopathically. Minneapolis has built a fine hospital ; Philadelphia has erected a new building for the old Hahnemannian College, and appealed to the State to provide a hospital connected with it. Boston has erected a hospital at a cost of \$200,000, and partially endowed it with \$100,000 more ; and last, but not least, the State of Massachusetts has given 270 acres of land, finely situated, with large buildings thereon, and \$380,000 to re-model them suitably for an insane hospital for 400 inmates, who are to be treated homœopathically. As capital is to the merchant so must these acquirements be to our cause. The two State insane hospitals, if successful,—and that one at Middletown, New York, is perhaps the most prosperous in America,—will be examples to excite the emulation of 36 other States to efforts in the same direction. This movement will not cease till every State in the whole Union has a chance to give its insane homœopathic treatment. It will also include other departments, and by energy, perseverance and good judgment we may reasonably hope to make rapid and certain progress in securing the benefits of homœopathy in all our public charities.

One of the pleasing sights at the Saratoga meeting was a fine engraving of your new homœopathic hospital at Liverpool. It would be an ornament to any city. May we not hope that it will be a stimulus to your wealthy citizens to establish others. Let these be well conducted—let the medical boards make sacrifices for their welfare, and by good results compel

the respect of the profession and the community. With such results it may not be long ere a medical school will be connected with your largest and best hospital, and the homœopathic cause will thus receive a new impetus in the young blood and strength infused into its ranks. So let us hope.

Y.

July 10, 1886.

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## NOTICES TO CORRESPONDENTS.

\*.\* We cannot undertake to return rejected manuscripts.

### ERRATUM.

Page 446, second line from the top, for "Society" read "Hospital"

A review of *The Medical Annual and Practitioner's Index* is in type and will appear in our next number.

Communications, &c., have been received from Dr. DUDGEON, Dr. CLARKE (London); Dr. HUGHES (Brighton); Dr. HAYWARD, Dr. J. D. HAYWARD (Liverpool); Dr. BUSHROD JAMES (Philadelphia); Dr. A. VILLERS (Geithain, Leipsic); Messrs. KNOBLAVCH & Co. (Bilbao); Dr. TALBOT (Boston), &c.

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## BOOKS RECEIVED.

*The Homœopathic World.* London.  
*The Hospital Gazette and Students' Journal.* London.  
*The Chemist and Druggist.* London.  
*The Monthly Magazine of Pharmacy.* London.  
*The North American Journal of Homœopathy,* New York.  
*The New York Medical Times.* New York.  
*The American Homœopathist.* New York.  
*The New England Medical Gazette.* Boston.  
*The Hahnemannian Monthly.* Philadelphia.  
*The Medical Current.* Chicago.  
*The St. Louis Periscope.* St. Louis.  
*The Clinical Review.* Cleveland.  
*The Medical Counselor.* Ann Arbor.  
*Frank Leslie's Illustrated Paper.*  
*The South Australian Advertiser,* June 11.  
*Bibliothèque Homœopathique.* Paris.  
*Revue Homœopathique Belge.* Brussels.  
*Allgemeine Homœopathische Zeitung.* Leipsic.  
*Rivista Omnipatica.* Rome.  
*Rivista Argentina das Ciencias Medicas.* Buenos Ayres.  
*Rivista General de Homœopatia.* Bilbao.  
*The Saratogan,* June 29, 30, July 1.

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Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 13, Church Road, Tunbridge Wells, or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY  
HOMŒOPATHIC REVIEW.

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THE INTERNATIONAL HOMŒOPATHIC MEDICAL  
CONVENTION, 1886.

IN the face of difficulties few, besides its Permanent Secretary, would have been willing to encounter, the International Homœopathic Medical Convention of 1886 has been held, and the advantages that have sprung from it, intellectual, professional and social, have received thorough appreciation from every one present at it. The sentiment which found the fullest expression from the lips of each member when the time for separation arrived was, "I would not have missed attending this meeting, on any account." Never have we taken part in a similar gathering when more real or earnest work was gone through, when greater cordiality was apparent, or when the stimulation to prosecute the dissemination of the truths of homœopathy, still more earnestly and seriously, afforded by the comparing of notes and discussion of topics of mutual interest was greater than it was at Bâle during the first week of last month.

That, for a meeting of the kind, the number attending it was small is only too true. That it was not fully three times larger than it was is entirely due to the faint-heartedness of Dr. Martiny, of Brussels, the active opposition of Dr. Weber, of Cologne, and the resolution of Dr. Lorbacher, of Leipsic, to withhold any information regarding the arrangements for the meeting from the readers of the *Allgemeine Homöopathische Zeitung* during the entire month before it was held.

Dr. Martiny, who, when communicated with in 1881, expressed himself as so ready to make all the arrangements for a Convention at Brussels in 1886, after the issue of a few formal circulars, and without taking the smallest possible notice of the permanent secretary, quietly took upon himself to postpone the meeting for a couple of years and to alter the *venue*! And not only so, but he did this within three months of the time when it had been announced that the meeting would be held. The totally inadequate efforts made, and the purely formal measures adopted by Dr. Martiny and the Committee of the Association Centrale des Homœopathes Belges towards securing a meeting and providing material for the discussion of its members having necessarily failed, instead of intimating the fact at head-quarters, and seeking the aid of the permanent secretary, these gentlemen threw every conceivable obstruction in the way of a Convention being held, not only in Brussels, but in Belgium! Having failed themselves they thought, we presume, that it was impossible for any one to succeed! As it has turned out, we feel perfectly certain that, had Dr. Hughes been consulted, ere any public notice of the fiasco of Dr. Martiny and his associates had been made, instead of a meeting at Bale of some forty physicians, there would have been an assembly at Brussels of at least one hundred and thirty! Had such a meeting taken place in that city no one can doubt that the hands of those who are supposed to be interested in promoting the spread of homœopathy in Belgium would have been greatly strengthened. As it is, they have gained nothing, while they have brought discredit upon themselves by this exposure of the weakness of their powers of organisation and of the apathy which prevails amongst them in all that concerns the public interest of homœopathy.

In his determination to prevent the assembly of a convention of homœopathic physicians at Brussels, Dr. Martiny met with a hearty sympathiser in the person of Dr. Weber, of Cologne, who addressed a long letter to the *Allgemeine Homöopathische Zeitung* and *The Revue Homœopathique Belge*, from which we gather that, in his opinion, German homœopathic physicians do not care to meet their professional brethren from other countries, that no good can arise from such gatherings, and that Dr. Martiny and the Association Centrale

des Homœopathes Belges are to be thanked for, as he thought, putting an end to that already proposed to be held at Brussels. If we have understood Dr. Weber aright, we are sorry for him, for the condition into which German homœopaths—if he estimates their feeling correctly—have sunk, and for the poor prospect which such a state foreshadows for the development of homœopathy in that country in which it was first announced.

Dr. Lorbacher seems to have taken a lesson in his method of treating Dr. Hughes' determination to convene a meeting, from the mode in which the allopaths have treated homœopathy. So long as there was a tolerably good chance of smothering it, he protested against it, but when this was obviously lost, he at once entered on a "conspiracy of silence!" For four weeks before the meeting was held, not a word appeared in Dr. Lorbacher's journal, *Allgemeine Homöopathische Zeitung*, respecting it. And not only so, but anxious for the success of the Convention, and desirous of having the assistance of our German colleagues in rendering it a success, as well as of making their personal acquaintance, Dr. Hughes addressed a letter to Dr. Lorbacher's journal regarding the arrangements that had been made—and Dr. Lorbacher did not publish it!

In the number of his journal for the 3rd of August—the day appointed for the Convention to assemble at Bale—Dr. Lorbacher offered, as an excuse for this omission, the statement that on the 26th of June he had declared the discussion on the Convention closed in his journal. For discussion there was no occasion, no desire. It was the continuous announcement of the approach of an event of importance to all physicians in Germany who take a real interest in the progress of homœopathy, that was expected from the editor of a medical journal advocating homœopathy, and presumably alive to a sense of his duty as such.

How is it possible for a therapeutic method to be cultivated, to be so much as known, in countries where those who assume the position of leaders in its development throw such obstacles as these in the way of its propagation and cultivation? That public and professional interest in homœopathy is, to a large extent, stagnant in Germany, is well known, that it is not more so is, under such circumstances, remarkable, and nothing but the

greatness of the truth it conveys can account for its possessing any hold upon the public mind there at all.

When, however, we pass from the consideration of the number present to regard the other features of the meeting, we have nothing but success to record. Few as were there, England, the United States of America, France, Belgium, Denmark, Germany, Switzerland and Italy were all represented. From the representatives of each we heard of the work being done in each; the discussions on *Materia Medica* and *Practical Medicine* were both encouraging and instructive; the genial, kindly feeling which, without a single *contretemps*, pervaded the assembly, was most gratifying; while the social intercourse, for which ample opportunities were provided, was full of pleasure to all, and cannot fail to bear good and useful fruit in the future.

That the Convention occurred at all, that any material was provided for its instruction and discussion, that the arrangements for the comfort and convenience of all were so complete, we are indebted to Dr. Hughes, whose energy and capacity for organisation, though often effectively displayed ere this, have never been brought into such bold relief before. While the assistance rendered by Dr. Meyhoffer, as President of the first Convention of the kind held in his native land, and of Dr. Roth as interpreter, were warmly acknowledged by every one. Dr. Roth's readiness to assist in every way was as great as it was efficient. No sooner had an Englishman addressed the meeting, than he first of all gave, and that very fully, the substance of all he had said in French, and that completed he proceeded to make "the same trip" in German. But over and above this service Dr. Roth gave one of the most comprehensive and at the same time succinct addresses on Hygiene—doing so first of all in English, then in French, and finally in German—we have ever had the pleasure of hearing. And further when asked by one of the members to give a lecture on *Dress* he at once consented, and, at the conclusion of one of the social gatherings in the evening, delivered a most instructive address on that subject which he has so largely made his own. It was, in short, the unanimous opinion of all present that Dr. Roth had contributed

very greatly indeed to the success of the meeting, and to the pleasure of all who attended it.

And last, but not least, we must acknowledge the excellence of the arrangements made by the proprietor of the Hôtel Schweizerhof for the comfort and convenience of the members. The meetings were held in a room well adapted for the purpose, that ordinarily used as the smoking room of the hotel; and here it was—in, as Dr. Samuel Johnson would have described it, “an apartment devoted to the soothing influences of nicotistic intoxication”—that Dr. Clark presented his paper on *Nicotism*, in which were shadowed forth some of the terrible results accruing from the use of tobacco. Throughout, the hotel accommodation and cuisine were admirable.

At the final meeting on Thursday, the 5th ult., it was decided to hold the next Quinquennial Convention in the United States of America. There, we may rest assured, no such failure as was being prepared for us in Brussels is at all likely to occur, and we have no doubt, but that in 1891, in one of the cities on the Atlantic coast—we had nearly written in one of the Eastern States, but we remember having been informed that New York is *not* an Eastern State—one of the largest gatherings of homœopathic physicians from all parts of the world that has ever been held will take place. Its success is assured thus early, and we hope to be permitted to witness the realisation of it.

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#### DR. HUGHES'S PRESENTATION OF *BELLADONNA*: REMARKS BY DRS. DRYSDALE AND HAYWARD.

In the *Review* for May and June Dr. Hughes has given pathogenetic and therapeutic commentaries on the symptoms of *belladonna*; and in a note he says that his engrossing occupation with the *Cyclopedia of Drug Pathogenesis* has prevented him from appending his intended bibliography, and from completing the presentation of the drug as he wished to have done.

We are sure all must admit the reasonableness of Dr. Hughes's apology; indeed, must wonder how he finds time to give us so much valuable matter as he does. Still, we cannot but regret his inability to complete the

presentation, because we were looking forward to his example of the proposed and promised index to the pathogenetic matter given in the *Cyclopædia* which was to assist us to find any particular symptom without much trouble or loss of time, and so enable us to make practical use of the valuable pathogenetic material with which he has supplied us, but which in its present form is almost useless to the busy practitioner. As to the bibliography, its omission is of little importance, seeing that he has already furnished a sufficiently full one in his article in Part iii. of the *Hahnemann Materia Medica*. The omission of the index is, however, a real loss.

In the note already referred to, Dr. Hughes also says: "I invite the criticisms and alternative presentations of my colleagues." He might have added—"and the more numerous the criticisms and alternative presentations the better for our *Materia Medica* and for the practice of our art." It would, indeed, be well if all who have formed a definite conception of what is needed in this matter would contribute their share towards the formation of a plan thought to be the best and most useful in the application to practice of the pathogenetic effects of our numerous drugs; and we must now appeal to those gentlemen—Drs. Nankivell, J. G. Blackley, Moore, Proctor, &c.—who at our Edinburgh Congress were so emphatic in the advocacy of an index instead of the schema. Will these gentlemen now furnish an example of what is intended by an index by preparing one to some drug given in the *Cyclopædia*, or to a number of them, or to the first volume? Now that Dr. Hughes has failed to do so, it is incumbent upon these gentlemen to come forward and make good their assertion of its superiority. If an index would be superior to the schema, let its advocates show how it is to be prepared. Either an index, schema, or some other means should indeed be furnished at once, for excellent though the matter be that is supplied in the *Cyclopædia* in its present form, it is almost useless to the busy practitioner. We have in the three first parts of the *Cyclopædia* the pathogenesis of 66 drugs, but who ever refers to them when prescribing for a patient? Besides, we ought to have an example to be thinking over and discussing before its final adoption.

In his four essays, or four parts of one essay, Dr. Hughes has otherwise made an almost complete and



perfect presentation of the very valuable medicine *belladonna*. In his first—that forming Part iii. of the *Hahnemann Materia Medica*—he has presented a schema and bibliography. In his second—the article in the *Cyclopædia*—he has given the pathogenetic material. In his third—that in the *May Review*—he has supplied a pathogenetic commentary. And in his fourth—that in the *June Review*—he has furnished a therapeutic commentary; thus completing the presentation of the medicine for both student and practitioner. Each of these is, as is all Dr. Hughes's work, very nearly perfect; certainly the third would have been improved by the addition of a comparison of the "general effects;" and the fourth by the addition of "clinical confirmations."

All these four parts are really necessary to the full presentation of any medicine. The first in importance is the

#### PATHOGENETIC MATERIAL,

and this Dr. Hughes has supplied very full and complete, occupying 20 pages of the *Cyclopædia* with the symptoms of *belladonna* and 24 with those of *atropinum*; displaying the contingent symptoms and the absolute effects by provings, and the structural lesions by poisonings and by experiments on animals; and demonstrating the structural lesions by *post mortem* evidence.

In the morbid effects of drugs, as in those of natural causes of disease, there are structural lesions, absolute effects (that is, "signs" or symptoms essential to the *disease*) and contingent symptoms (that is, symptoms peculiar to the *patient*); and these it is necessary to study carefully and understand thoroughly, as to both drug diseases and natural diseases. We are, therefore, grateful to Dr. Hughes that he has not only given us in the *Cyclopædia* so fully the symptoms, effects and lesions of *belladonna*, but has, in the *May Review*, given us a study, or interpretation of these in the form of a

#### PATHOGENETIC COMMENTARY.

By a clinical study of the details of a number of cases of disease, or of an epidemic of illness, a classification is arrived at which gives a clue to the significance of the symptoms, and enables the student of medicine on observing a few symptoms to diagnose a specific form of

disease, whether it be scarlatina, morbilli, meningitis, acute rheumatism, gout or other morbid state; so, by a study of the details of a number of provings and poisonings the student of homœopathy ought to be able to diagnose the morbid states produced by drugs, and to perceive the natural morbid conditions typified by these drug effects.

In his pathogenetic commentary, Dr. Hughes takes *seriatim* the functions and parts of the body in the order he adopted in his "schema"; beginning with the nervous system and ending with skin, he interprets, explains and illumines the action of the drug on each function or part; thus giving keys to the *local* action: he also mentions under each a few drugs whose effects most nearly resemble those of *belladonna* on the particular function or part. This is excellent, and as far as it goes, nearly perfect: the defect, and the only apparent defect in his pathogenetic commentary, is the absence of a "general comparison," a comparison of the "general" effects, an interpretation of the totality of the symptoms, a hint as to the "sphere" of the drug—as a key to its "general" action. The exhibition of the pathogenesis of a drug, *belladonna* for instance, without this general comparison, is like the exhibition of the effects of a natural poison, that of scarlatina for example, by an examination of its effects on the different functions and organs only, without summing up of the whole as a totality, without exhibiting its general action—as a key to the totality of the symptoms. Such a generalisation would have been of immense value for the conveyance and reception of the sphere of the action of *belladonna*; such a general interpretation is, indeed, given by Dr. Hughes in the commentary on his schema in the *Hahnemann Materia Medica*, and is, in fact, one of the many excellencies of his *Pharmacodynamics*, and of Dunham's, Teste's and Burt's *Materia Medicas*, and Dyce Brown's *Studies* and Pope's *Lectures*. What an unravelling of the mass of symptoms which includes fever, sore throat, headache, delirium, red skin, &c., is the word—scarlatina; and of another troublesome set the word—gout. And what an illumination of the symptoms of *aconite* are the words—inflammatory fever; and of the symptoms of *arsenicum* the word—typhoid; and of those of *crotalus* the words—blood degradation.

What, similarly, is the key to the general sphere of *belladonna*?

At the same time, we would not look upon the absence of such a general summing up as anything necessarily blameworthy on the part of the author of a presentation, for it is very often not in his power to give such. It is then much better not to attempt it than to endeavour to fill up a supposed necessary department with mere hypothetical speculations.

In the forty-four consecutive pages of pathogenetic material of *belladonna*, symptoms of almost all kinds, occurring in almost all parts of the body, are mixed together on almost every page, without any attempt at arrangement, key, or index. They are simply records of provings, poisonings, &c., giving the symptoms as they occurred. This is perhaps no disadvantage to the *student*; indeed, it is an advantage to him in his endeavour to obtain a knowledge of the general action of the poison, in his search for the genius of the drug, for the symptoms are given in their natural sequence with their conditions and concomitants, and may be studied in their orderly development like a natural disease. In fact, it is essential as a part of a complete presentation of a drug, as is now agreed upon by everybody. To the *practitioner*, however, in his endeavour to adapt the symptoms of drugs to the symptoms of cases of disease, to give nothing but this confused display of the symptoms has very grave disadvantages, because it affords no means by which he can find any particular symptom or set of symptoms; and, therefore, each time any particular symptom is wanted he will have to read over perhaps a large part of the forty-four pages. These narratives of provings and poisonings are essential to the intelligent study and comprehension of the effects of drugs. No one can acquire a clear knowledge of the action of drugs without them. They are just the material for the *student* in his study of the *Materia Medica*, and for him no presentation of the symptoms in sections under the functions, organs, or parts of the body, however full, can possibly equal the simple connected narrative form, displaying together the whole of the effects on different provers and subjects which should be given and read consecutively: they are, however, comparatively useless to the busy *practitioner*

in his daily work of adapting drug diseases to natural diseases—in his fitting the symptoms of drugs to those of the anomalous cases he is called upon to treat; they cannot be made use of in true symptomatic treatment. And this is doubtless one of the reasons why Hahnemann discarded and destroyed them. For treatment by symptoms, for true symptomatic treatment, for practising homœopathically, in fact for homœopathy, it is absolutely necessary that the symptoms shall be otherwise presented besides merely in the narrative form; that they shall, in fact, be arranged so that any particular symptom occurring in any particular part of the body under any particular condition, and with any particular concomitant, may be found without much labour or loss of time; or that it may as easily be found that a certain symptom has not been produced by a certain drug. And this is doubtless one of the reasons that prompted Hahnemann to construct his schema, and to arrange the symptoms in sections under the different organs, parts and regions of the body; for he would readily perceive that the use of the narratives merely must inevitably lead to mere general comparisons—to mere specificking. We are therefore again grateful to Dr. Hughes for having unravelled the pathogenetic material of *belladonna*, and selected for us the effects on the different organs, and arranged them in the form of a

#### SCHEMA

for ready reference; thus rendering his pathogenetic material of use to the busy practitioner as well as to the student. Here, however, he might have made the separate symptoms much more readily discoverable if he had added an index to all the other sections as well as head and abdomen. In the section throat there are 56 symptoms, in that of motility 58, in that of stomach 102, and in that of perception, ideation and emotion 120, in each case spread over three pages; each time, therefore, that a repertory refers us to *belladonna* for one of these symptoms we have to look over from 56 to 120 symptoms, and scan over three large pages! This inconvenience and delay would have been obviated by the adoption of an index to the sections, as has been done in the *Materia Medica, Physiological and Applied*, where any

particular symptom may be found at two glances at most.

The next point of importance is the "sphere of cure," that is, the classes, genera and species of disease for which the medicine is likely to be found curative. And here again Dr. Hughes has rendered us good service as to *belladonna* by his

#### THERAPEUTIC COMMENTARY,

in which, under each rubric, as given in his pathogenetic commentary, he points out the classes, genera and species of disease in which *belladonna* is likely to be, or has been, found curative. The hints and indications here given, especially if read in connection with the commentary (which is both pathogenetic and curative) given along with his schema, will be found of immense use in practice. The defect, and the only apparent defect in his therapeutic commentary, is the absence of "clinical confirmations," that is, cases of disease cured by *belladonna*. Of course the practitioner who is thoroughly satisfied that *similia similibus* expresses the "law of cure" will have sufficient confidence to prescribe the medicine that is well indicated by the symptoms, even though it had not been known to cure such a case as the one he has in hand; but he would prescribe with much greater satisfaction after reading a few similar cases cured, and seeing with what doses, and repetitions, and in what length of time they had been cured.

Such is, we believe, the proper presentation of drugs in a complete *Materia Medica*—in the *Materia Medica* of the future—viz., first a thorough presentation of the pathogenetic effects in the form of narratives of provings, poisonings and experiments, with *post mortem* evidence, given in a consecutive list; then an explanation of the sphere of the pathogenetic action, general and local; then a schema, with indexes to the sections; then an exhibition of the curative sphere; and lastly, clinical confirmations; accompanied, of course, by the chemistry, pharmacy, natural history, &c., of the drugs.

The mode in which these desiderata are to be fulfilled is shown in somewhat different forms in the "*Materia Medica, Physiological and Applied*," especially as regards the index and schema. In *aconite* Dr. Dudgeon has given a minutely divided schema, forming, as he says,

“somewhat more than a schema and somewhat less than a repertory or index.” Dr. Hayward, in *crotalus*, both a complete schema and index in addition to the full presentation of the pathogenic details. While to avoid the repetition involved in this last, Dr. Drysdale, in *K. bichrom.*, has arranged the original pathogenic material in the form of a schema and added a repertorial index. In this arrangement, however, he has been careful to omit no symptom contained in the pathogenic material, and to give the symptoms of the groups composed from the proving diaries in their actual order of occurrence, merely omitting repetitions and redundancies. At the same time he does not approve of the destruction of the original proving diaries, although when these are once accessible—printed in full in a periodical—it is not necessary to reprint them for the practitioner if the substance is given in a more manageable form.

The commentaries and the clinical confirmations are added at the end of the sections instead of at the end of the medicines for the sake of convenience of reference—facility of reference being a matter of the first importance to the busy practitioner—for no matter how appropriate the instrument or weapon is, its usefulness is increased by the readiness with which it can be used; it is of little value if difficult to use, or out of the way when wanted. Here is one serious objection to having the pathogenetic material in one volume—the *Cyclopædia*—and the commentaries and index in another, or even at the end of the same. When reading an article in one book how very seldom we look up the references to other books, or even to those at the end of the same!

Since forwarding to the editor the foregoing remarks we have received Part iv. of the *Cyclopædia*, with an introduction written (we suppose) by Dr. Hughes. In this introduction (p. xv.) Dr. Hughes admits our main contention, viz., that the *Cyclopædia* is fitted for the student only, and cannot be used by the practitioner, who, he says, must “wait” for the index, which he promises to compile “ultimately.” Dr. Hughes still maintains that the index will enable the practitioner to find readily any symptom of which he may be in search. We hope it will, but we doubt it.

Notwithstanding Dr. Hughes’s further remarks (p. xii.) in depreciation of the schema, we adhere to what we have

said of its usefulness and necessity to the practitioner, and we doubt if any kind of index can possibly take its place.

Dr. Hughes admits that Hahnemann tried an index first, but after the pathogenetic material had increased in bulk he abandoned it in favour of the schema. We are of opinion that both are necessary, and that one of them cannot meet the wants served by both.

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## ON THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF *ARSENIC*.

By ALFRED C. POPE, M.D.

### LECTURE III.

At the conclusion of our last lecture, I was engaged in describing and illustrating the form of gastritis in which *arsenic* is remedial. To-day, I shall begin with studying the ulceration of the stomach to which it is homœopathic.

The pain, central in and radiating throughout the epigastrium, burning and acute in character, excited by the presence of food in the stomach, followed by vomiting and sometimes by hæmorrhage, points to *arsenic* as a medicine homœopathically indicated in simple gastric ulcer. So, too, in severe cases of *arsenical* poisoning, small ulcers are found of a notched, irregular shape, surrounded by a red areola, and a margin of fine tissue. Hence it comes that in the treatment of gastric ulcer *arsenic* is one of two medicines, the other being the *bichromate of potash*, which have proved of the greatest service. *Arsenic* has appeared to me to be most useful when vomiting comes on immediately after eating, and the *bichromate of potash* when the food is retained for an hour or so before being rejected. A general cachectic state, too, is more marked in cases benefited by *arsenic* than it is where *bichromate* is preferable.

Again, the profound influence we have seen *arsenic* to have upon the nervous system, the periodicity which marks its action, together with the strictly gastric symptoms of pain, &c., it produces, lead to our consideration of it in endeavouring to relieve that frequently obstinate, exceedingly painful and very depressing form of

neuralgia called gastralgia. It is here often more useful, more rapid in its remedial action than any other drug. This is well illustrated by two cases reported by Dr. Hughes in the *Brit. Jl. of Hom.*, vol. xxxi., p. 367, which I will quote.

"J. H., æt. 44, gardener. This man came to the dispensary on October 4th, 1872, with the following history. Twelve months ago, he began to suffer from waterbrash. With this there was the usual constrictive pain at the epigastrium. He had some allopathic treatment, but the pain became continual, and the waterbrash was transformed into vomiting of a light, yellow, tasteless fluid. He grew thin and weak, and could hardly carry on his occupation.

"I found him a haggard-looking man, with a feeble and low pulse and flabby tongue. The pain now came in paroxysms of an hour or two's duration; it recurred once or twice on most days. Vomiting occasionally accompanied it, sometimes of the fluid previously mentioned, sometimes of food. The pain was severe and acute, and seemed to go through from the epigastrium to between the shoulders.

"Presc. : ℞ *Trit. Arsen.* 8x, a grain night and morning.

"Oct. 11th. He came to-day—a week from being first seen—with mingled astonishment and pleasure depicted on his face. He had had no pain or vomiting since beginning the medicine. Continue."

No more medicine was required after the conclusion of another week, and without any return of pain he rapidly regained flesh and strength.

Dr. Hughes' second case occurred in a married lady about 37 years of age. She had a very similar history to that of the one just detailed, but her illness had existed for four years instead of only one. Her first visit was September 26, 1872.

"She had not properly regained her strength after the birth of her last child, when, in the autumn of 1868, she began to be troubled with waterbrash. It was only occasionally at intervals of ten days, and was always accompanied by constrictive pain at the epigastrium. Then, after a time, the pain became more continuous, extending through to the back; and both of its extremities, as it were—front and back became tender to pressure. She had become a weak, frail thing, unable to walk fifty yards.

"The pain was now paroxysmal, recurring with much regularity at 3 p.m. and 9 p.m. daily. It was referred to the whole epigastric region, and seemed thence to radiate around and within. It gradually increased to its acme, and often ended



in vomiting of a fluid which she compared to weak tea. It was always accompanied by a chill, which yielded to heat as the pain subsided, this being sometimes followed by sweating. The pulse was weak; the tongue clean; appetite poor; bowels active. She had before this enjoyed fair health, but the catamenia had always been too profuse, and she was subject to neuralgia in the face, especially at these times. She had now much leucorrhœa between the periods."

Together with a nourishing diet, and some Scotch ale, Dr. Hughes ordered two drops of the 12th dilution of *arsenic* three times a day.

"The improvement was almost immediate. The periodicity of the attacks was broken, and the chill ceased never to return."

After a fortnight, as improvement ceased to continue, Dr. Hughes changed the dilution to the 3rd decimal.

"A fresh start was at once made. The pain recurred less and less frequently, and the vomiting hardly ever. Flesh returned and strength increased; the bowels acted regularly, and the appetite was good. The *arsenic* was given in rarer doses, and at last, in the early part of December, dropped altogether. Mrs. B. continues at the present time well and fairly strong. The vomiting is quite forgotten, and the pain only gives her a slight reminder, when fatigue or fasting reduces the nervous energy."

In gastro-enteritis of a severe type, when the inflammation of the mucous membrane of the stomach descends through that of the intestinal canal, or in enteritis alone when the abdomen is distended, the seat of burning pain, a diarrhœa of watery, acrid, offensive stools, a quick weak pulse and great prostration, *arsenic* is clearly indicated, and, serious as such a condition is, is more fruitful in good results in its management than almost any other medicine.

Of the various morbid states, a resemblance to which may be seen in arsenical poisoning, few are more strikingly similar to it than is the latter stage of cholera. The terribly anxious expression of countenance, incessant restlessness, the patient tossing in an agony of pain, distress and fear, the lips livid and the same death-like tint gradually extending, the face, tongue, and surface of the body cold, pain burning and cramp-like in the abdomen, vomiting more or less constant, stools watery, profuse and frequent, it is when symptoms such as these

are present that in this much dreaded disease *arsenic* has so often rescued a sufferer from impending death.

The late Dr. Rutherford Russell, in his *Treatise on Epidemic Cholera*—a work based upon an extensive experience in the treatment of this singularly formidable disease during the epidemic that prevailed in Edinburgh throughout the last three months of 1848—says, that after the period for the use of *camphor* has passed by, *arsenic* is the remedy in which he had learned to have most confidence. He writes (p. 217) :—

“We look upon *arsenic* as a forlorn hope in those very bad cases where there are hardly any symptoms present except coldness, lividity, thirst, a fluttering pulse, or no pulse, and great apprehension of immediate death. In this class of cases, we should be inclined, had we to treat them over again, to give nothing but *arsenic*, and that, too, in the largest dose we ever employ. We should give a drop of the first centesimal dilution every half-hour, and no other medicine. The general experience of homœopathic practitioners is in favour of the great value of *arsenic* in cholera.

“The mode of administration must depend upon the nature of the case. If there is not constant vomiting, we should advise a drop of the tincture of *arsenic* to be mixed with a tea-cupful of iced water, and given as a dose every half-hour. This relieves the thirst, and it is probable that it will be more effectual than when given in a smaller quantity of water. If, on the other hand, nothing will remain on the stomach, then a drop of the tincture may be put upon the tongue. We would advise its continued administration throughout the whole period of collapse, unless some special and urgent symptoms indicating other medicines supervene.”

The total number of cases treated homœopathically by the physicians of the Edinburgh Homœopathic Dispensary during this epidemic was 286 ; of these 179 recovered, and 57 died, showing a mortality of 24.15 per thousand.

Of these cases, Dr. Russell gives the details of 19 that proved fatal, and of 55 which recovered. Among the latter are several which illustrate the kind of cases in which *arsenic* is above all others the remedy. Of these the following are, I think, particularly instructive :—

“CASE XLVI.—M.D., a woman of 28 years of age, was first seen in the house whence her mother had been removed to the infirmary, suffering from cholera of which she died. Another woman died of cholera in the same flat. She was first seen at 1 p.m. of the 29th October. The expression of countenance

was dejected ; the face of a bluish colour, and cold ; she had frequent retching, copious brown stools, pulse 128, feels very weak and chilly.

“ *Arsen.* 8rd dilution was given every hour.

“ After four doses of *arsenic*, she began to perspire ; the bowels had only been moved four times since she was visited yesterday. Pulse 100.

“ The *arsenic* was continued every two hours.

“ On the following afternoon, her pulse was 92 and soft, the bowels had not been moved. The next day she was up and well.”

In this case the full development of cholera would seem to have been prevented by the treatment pursued. In the following, the characteristic symptoms of this terrible disease were more fully established :—

“ D. S., aged 5.—This boy's mother died of cholera last week in Glasgow. He, his brothers and sisters, were brought here by his grandmother on Thursday last. A man in the house took cholera on that day, was removed to the hospital and died. An old man also died on Saturday of cholera, and his body is at present lying in the house. This child has been purging since Friday. Last night, January 6th, about 8 p.m., the purging became very severe ; milk, water and wine which was given him passed undigested. First seen January 7th, at 5 p.m. Stools frequent and watery : vomiting everything taken and large quantities of watery fluid ; complains of pain in the epigastrium ; urine reported to be very scanty ; skin and tongue and face dark coloured ; eyes deeply sunk ; expression anxious ; moaning ; pulse about 120, weak, at times scarcely perceptible ; very great thirst ; has been warmer since taking some brandy and water two hours ago.

“ *Arsenic* 3 was given every half hour. The next morning at 11 a.m. pulse was 110 ; bowels four times moved since yesterday ; last stool dark and feculent ; urinated this morning ; vomited twice ; less thirst ; voice clearer ; skin tolerably warm ; tongue warmer. The medicine was ordered to be continued. The next day every symptom was improved, and on the day following he was up and well.”

It is almost impossible for any one who has not seen a bad case of cholera fully to appreciate the significance of any written description of one. But this child, judging from the progress of similar cases, must have been on the very eve of full collapse when he was first visited, and, had the disease not been restrained, would in all probability have sunk in a few hours.

The next and last case I shall read to you was not only severe in itself, but the subject was a most unpromising one.

"He was a man 42 years of age, whose mother and brother had died of cholera two months previously. He was a notorious drunkard, and had been drinking during the whole of the week prior to his illness, and at the same time taking very little food. Diarrhœa came on three days before he was seen, for which he had taken *opium* and *rhubarb* and some allopathic mixtures; he had also had brandy and beer which he had vomited. The day before he was visited, and also on that day (Feb. 11), purging had been very severe; the stools were liquid, copious, watery, white; vomited everything taken; cramps in both legs during the last seven hours. When seen at 10 p.m. the countenance was dark and pinched; the eyes were sunken and open; the tongue, lips and breath cold; the pulse barely perceptible; voice hoarse and feeble; can scarcely turn his head from exhaustion. The purging has been involuntary for 4 or 5 hours, and he thinks himself dying. Water having *camphor* diffused in it was given him to drink, and *arsenic* 3 every half hour.

"The next morning, at seven o'clock, he was found sitting at the fireside as cold as ice, pulse very weak and thready; says he is easier when up, and freer from cramps when stooping forward; had no sleep last night; no vomiting or purging since he was visited, and is less thirsty. The same medicines were continued and he was ordered to bed. At nine in the evening of the same day he was much warmer, the pulse was distinct but very weak; bowels had not been moved, but no urine had been passed since yesterday morning—86 hours. The next morning, at nine o'clock, he felt better but not stronger; he urinated abundantly this morning. The bowels had not been moved. At five in the evening his pulse was 108 and firmer; his skin warm, more natural in colour, and his countenance composed. The report on the following morning is, that he had slept well, his bowels had been once moved, the stool being liquid, dark and offensive. Two days later and he was up and feeling well. The same medicine was taken throughout his illness."

Such cases as these have occurred during cholera epidemics repeatedly, and have repeatedly been cured by the same medicine. Indeed, wherever cholera in a severe form has been treated, *arsenic* has ever been found by homœopathic physicians to be of the greatest service. During the epidemic of 1854, Dr. Black, of Chesterfield, expressed (in *The Lancet*, if I remember

rightly), his deep sense of its value. He gave, I think, drop doses of Fowler's solution with some frequency.

I have already pointed out to you the similarity between the symptoms as observed during the life of a person poisoned by *arsenic* and those of cholera, but the similarity does not stop here; it is seen in *post mortem* examination. The late Dr. Letheby has, in the *Pharmaceutical Journal*, directed attention to the similarity between the condition present in the arsenically-poisoned and those suffering from cholera. In Virchow's *Archives* (xlviii., p. 524), the learned editor of that journal, after describing at some length the *post mortem* appearances in a case of arsenical poisoning, remarks on the striking similarity borne by them to those characteristic of epidemic cholera; and in a subsequent number of the same journal, Professor Hofmann, of Basle, recorded two cases illustrating the same fact.

Again, in chronic diarrhœa and dysentery, when there is great exhaustion with frequent evacuations and pain of a burning character, *arsenic* will be found useful. So too is it in the diarrhœa of old people; and, again, in some instances of what is termed summer diarrhœa, where there is much exhaustion, it is equally serviceable. Time and again have homœopathic practitioners proved the inestimable value of *arsenic* in such cases as these. In proportion as the evacuations have been profuse and exhausting will *arsenic* be indicated as that remedy upon which most reliance can be placed.

We now come to consider the action of *arsenic* upon the structures of the liver and spleen. Both organs are well known to be receptacles of *arsenic*, its presence being always looked for in them by the toxicologist. Congestion has frequently been observed in them in the *post mortem* examinations of fatal arsenical poisonings. During life, acute pain, increased on pressure, and tension in the right hypochondrium have been noticed, especially during the febrile paroxysm arising from *arsenic*.

Clinically, it is when congestion of the liver or spleen, or of both, have arisen from ague, in cases where the patient has been over-dosed with *quinine*, that these indications for the use of *arsenic* have been utilised.

In a case of general cachexia after ague, reported by Dr. Schleicher (*Neue Zeitsch. f. Hom. Klin.*, vol. ix., and *Brit. Jl. Hom.*, vol. xxiii.), where this condition was present, *arsenic* exerted a distinctly curative influence.

"The patient, a man 40 years of age, had suffered from repeated attacks of ague for six years, his longest period of exemption being three months. During this time he had swallowed an incredible quantity of *quinine*, which at length ceased to have any influence upon him. Together with all the marks of a thorough cachexia, 'the liver projected three fingers' breadths beyond the rib; the spleen was at least six times its natural size.' *Arsenic* was given in the sixth dilution, but as no change was marked at the end of a week, Dr. S. ordered him to have one grain of the first centesimal trituration four times a day. 'The effect of this treatment,' writes Dr. S., 'was remarkable. The fifth day the fever did not occur, nor did it again return; the general state also improved visibly. The patient took the same medicine in the same quantity for three months—then morning and evening a grain of the trituration for three more months; and in six months the cure was so far complete that he could eat and drink well, his condition was improved and his appearance ameliorated, he could do all his business, and both liver and spleen were considerably diminished. During the two following years he had slight relapses from time to time, especially in hot weather; these were always removed in a few days by means of the above medicine. The patient has now remained free from any relapse for more than a year, and is quite well.'"

In the kidney *arsenic* produces functional derangements and structural changes closely resembling those resulting from desquamative nephritis, both acute and chronic—more especially the latter. The secretion of urine is diminished by it, in some cases to the extent of suppression, is rendered albuminous in character, and "when inhaled in the form of arseniuretted hydrogen it has caused hæmatine to appear in the urine without any blood corpuscles" (Rayner, *Hom. Rev.*, vol. xvi., p. 21). Again, "the urine was dark and thick, and contained albumen and scales composed of blood corpuscles and fibrin casts mixed" (Christison, *Edin. Med. Jl.*, 1856, quoted by A. Müller, *Brit. Jl. Hom.*, xvii., 547). General anasarca is also an effect of *arsenic*, either directly or consequent on its influence upon the kidney, while the prostration and cachectic appearance characteristic of arsenical poisoning complete the similarity to

chronic desquamative nephritis from the subjective side. Dr. Quaglio, of Munich (*Allg. Hom. Zeit.*, Bd. 53, p. 85), gave one-eighth to half-a-grain of the *arsenite of potash* to six cats at intervals of three days, for periods varying from one to ten months, and in each instance developed an artificial nephritis. The following were the *post mortem* appearances:—The kidneys were enlarged to double their normal size at least, were unusually full of blood, especially in the cortical portion, which was brownish-red and hard, and much increased in thickness; red gelatinous fluid oozed out of the cut surface; the pyramids were congested and striated; the glomeruli distended with blood, Bellini's tubules full of fibrinous clots, amongst which a few blood corpuscles were scattered.

These symptoms and conditions give you abundant warrant for expecting advantage from prescribing *arsenic* in advanced Bright's disease, and experience has amply proved that you will not be disappointed in doing so.

The late Professor Henderson, of Edinburgh, reports, with his usual fulness of detail, a very striking illustration of this in the *Brit. Jl. of Hom.*, vol. xiv., p. 20, of which I will here quote the leading features.

“The patient was a boy between 9 and 10 years of age, who had been observed to be ailing at the latter end of April, 1855, but it was not until the middle of May that rapidly increasing swelling of the body was so apparent as to lead to the consultation of the family attendant. The usual means were employed, but without any effect, the dropsy continuing to increase and the urine scantier. In this way disease gained ground, when, on the 28th of June, Dr. (afterwards Sir Robert) Christison was consulted; still disease progressed, and on the 17th of July Professor Henderson was sent for. At that time ‘the face, body, and extremities were anasarcaous to the utmost degree; the abdomen was also distended by a large peritoneal effusion, and the right side of the chest was two-thirds full of fluid, as was evinced by the dulness of percussion and absence of stethoscopic sounds over that extent. His breathing was accelerated and short; yet he could lie down in bed; he spoke like one in want of breath, as in fact he was, though he was cheerful and did not complain of suffering from his breathing. The urine was reported to be very scanty, and the specimen that had been preserved for examination appeared clear, pale, and coagulated very strongly

by heat. The bowels were loose four or five times a-day, and the pulse was 100." One cannot be surprised that Professor Henderson should in his commentary on this case say, 'I felt very little hope that anything I could suggest would produce a material effect upon the disease.' A drop of Fowler's Solution was ordered to be taken three times a-day. About nine weeks from the date when this prescription was commenced, the family surgeon, writing to Professor Henderson, says: "There is now no trace of albumen in the urine. All swelling has disappeared, and he is now pretty well, but very much emaciated." All medicine was stopped, and a generous diet advised. A fortnight later he was reported "looking better than ever he did."

An examination of the symptoms of arsenical poisoning show that the irritation which we have seen to be so conspicuous in the mucous membrane of the gastrointestinal tract is equally well marked in that of the respiratory organs; while the congestion in which the abdominal organs are involved is also present in the lungs.

In the larynx irritation is manifested by such symptoms as dryness, titillation and a sense of suffocation, described as resembling that produced by the vapour of *sulphur*. It is more felt in the evening and during the night. The cough, excited by *arsenic*, is frequently short, hacking and dry. It occurs in paroxysms, mostly in the evening or during the night; is aggravated by lying down, by taking a deep breath or by moving about. Expectoration is not very considerable; what there is is greenish and bitter, and in some cases whitish and thick with black specks in it. In some instances hæmoptysis has been observed.

Respiration is short hurried and irregular. The oppression and dyspnoea are especially painful during the night, producing a distinct sense of suffocation. Together with such symptoms as these we have burning pains in the chest and a sense of tightness with great restlessness. In one instance, recorded by Dr. Bird in *The Lancet*, 1843, we are told that "in auscultation the posterior lobes of both lungs were found to be affected with pneumonia, and the lower lobes on both sides were partially consolidated."

No less strikingly do the conditions found *post mortem* show the similarity between the effects of *arsenic* and those of bronchitis and pulmonary congestion. Dr. Black



in his article on *Arsenic* (*Hahnemann Materia Medica*) enumerates the following lesions, "lungs, especially the right, congested with blood, serum, the bronchi red and injected and covered with red mucus. The lungs were gorged, and on being cut into, nothing could be seen but clotted blood in the cellular tissue." (Heuke.)

"The lungs were in the highest state of inflammation, and so congested as to resemble a lump of clotted blood." (Christison.) "When cut, the lung is red, gorged with blood, and scarcely crepitis; the cut portion barely swims in water." (Orfila.)

The symptoms detailed, as well as the *post-mortem* appearances I have named, direct us to the use of *arsenic* in certain cases of inflammation of the mucous membrane of the bronchi as well as to congestion and exudation in the parenchyma of the lung. Among disorders of these types we find catarrhal bronchitis, when the patient is in a low, feeble condition; asthenic bronchitis, when the expectoration is scanty, and consists of greyish coloured mucus, and the breathing is hurried. In many cases of asthma, it is invaluable, especially is it so, when this painful wearisome and exhausting disorder presents itself in periodically recurring paroxysm, and is most troublesome at night. Then, again, in cases of emphysema, though any prospect of cure may be out of the question, you will, especially when the heart is much enfeebled, find *arsenic* do more good than the majority of other more or less homœopathically indicated medicines.

In some cases of pneumonia, where the third stage is attended by much debility, and the process of resorption is slow, *arsenic* is often eminently useful in promoting recovery.

In some cases of phthisis, it has long been relied upon by homœopathic practitioners, but to Dr. Herbert Nankivell, of Bournemouth, belongs the credit of having been the first to precisionise our use of it. In his earliest paper on this subject (*Brit. Jl. Hom.*, vol. xxx.) he writes (p. 532): "Without going minutely into the chest symptoms of *arsenic* as noted in the provings, it may be said that they indicate irritation and inflammation of the trachea, the larger and smaller bronchi, as evidenced by the cough, dyspnoea and expectoration,

which is sometimes blood-streaked ; and finally congestion of the bronchioles and alveoli, with hæmoptysis. In fact the causation of the three first (he had previously described five) divisions of non-tubercular phthisis, viz., the bronchial, catarrho-pneumonic and the hæmorrhagic is represented in the pathogenesis of *arsenic*. There is also a similarity in the general symptoms ; thus, we get in both earthy complexions, progressive weakness, progressive emaciation, aversion to food ; and the pyrexia caused by *arsenic* resembles in some degree, too, the hectic of phthisis, in its daily recurrence ; the time of that recurrence, viz. the afternoon ; the character, viz. feverish, chills, chilliness of sensation, with absolute raising of the temperature, and these followed by sweat at night."

The preparations Dr. Nankivell has most confidence in are the *iodide of arsenic* and the *arsenite of lime*. The provings we have of these salts are comparatively slight. Reflecting, however, on the pathogenetic properties of *iodine*, *lime*, and *arsenic* separately, he assumed that *arsenic* and *iodine* united in the one instance and *arsenic* and *lime* in the other would have an influence of the kind desired, and, without waiting for a thorough proving, put his idea of a *tertium quid* to the clinical test. The result has certainly been most fruitful. He has, in the *Monthly Homœopathic Review*, vols. xv. and xvii., narrated some striking illustrations of the advantages derived from it in cases coming under the three divisions he has described. I have also assured myself by clinical observation that the *iodide of arsenic* is most useful in some of them. Two or three cases marked physically by dulness on percussion and diffused crepetus at the apex of one or other lung, have yielded to the *iodide of arsenic* with a degree of rapidity I certainly did not expect when I prescribed it.

Dr. Mackechnie has reported a well marked case of extensive pleuritic effusion, in which the effect of this salt was very rapidly successful in exciting absorption (*Hom. Review*, vol. xxix., p. 35). When first seen at Dr. Mackechnie's private residence on the 28th of August, the respirations were 36 and the temperature was 101.8. *Aconite* 1 and *bryonia* 1x were prescribed, and the day following the report was virtually much the same. Temp. : 103.4 evening and 100.4 morning. On the 30th he was visited.

The evening temperature had been 103.4, and the morning 101.8. "He was very much distressed, his anxiety having increased to a condition of terror. He would not remain in one position two minutes together, but although continuing on the affected side would continually lift himself up, then throw himself down again with a gesture of despair." There was no improvement in the physical signs, on the contrary the dulness now reached up to the first rib in front and all the way at the back. The *iodide of arsenic* was given in doses of  $\frac{1}{100}$ th of a grain every two hours. On the 1st Sept. the respirations were 30; temp. much the same; pulse 101. On the 3rd, temp. 99.4.; resp., 24; pulse, 101. On the 5th, temp. 99.0; resp., 18; pulse, 82. The respiratory sounds were audible. The heart's apex, which at first could be seen and felt to the right of the sternum, was now nearly normal in position. He was weak and exhausted, but rapidly recovered, and that completely.

In the *Brit. Journ. of Hom.*, vol. i., is an interesting extract from the *Annales d'Hygiène Publique*, 1843, p. 469, illustrating the homœopathicity of *arsenic* to pleuritic effusion in sheep. M.M. Flander and Danger injected six grains of *arsenious acid* under the skin of some sheep. In five days the animals died; the autopsy showed pleuro-pneumonia with effusion on the right side in all of them. M. Chatin also observed serous effusion in the pleura of sheep poisoned with *arsenic*.

On the other hand, M. Cambessedes mixed thirty-two scruples of *arsenic* with salt and gave it to a hundred and twenty sheep affected with chronic pleurisy. With the exception of one all completely recovered; whilst before the administration of this remedy, the flock was actually decimated by the disease.

The function of the circulation is performed in a manner which accurately reflects the general condition of prostration, physical and mental, to which *arsenic* gives rise. The heart's action is irregular, feeble and hurried. Palpitation is violent and tumultuous, especially at night, and the pulse is at the same time irregular. The character of the pulse varies, as might be expected, with the degree of influence which the drug has acquired over the organs and functions of the body. When great prostration has supervened it became weak, irregular, small and very frequent.

Dr. Copland has pointed out that endocarditis is one of the results of arsenical poisoning; while ecchymosis of the endocardium is a generally recognised effect of it. Beyond this, however, *post mortem* examinations have not revealed much, if any, structural alterations in the heart.

Among some cases of pericarditis with effusion, reported by Dr. Mackechnie in the *Hom. Review*, vol. xxvi., p. 519, are two in which the *iodide of arsenic* was used with admirable results. It is in those cases which have gone on for some little time, when the effusion and prostration are considerable, that you will find this drug useful rather than in the earlier or more plastic stage.

It is essentially in enfeebled states of the heart, when "the pulse begins to show irregularities, the nights are troubled by oppression and anguish, and œdema of the feet appears and disappears" (Meyhoffer), that you will find *arsenic* useful in cardiac disease. Dr. J. H. Clarke has also illustrated this fact by some well reported cases.

In the earlier and generally imperfectly recognised stages of fatty degeneration it is an important remedy. "In certain cases," writes Dr. Bayes, "characterised by a feeble action of the heart, a small pulse, often slow, a pale skin, flabby state of the muscles, especially in stoutish people, with difficult breathing on going up-stairs or up hill. *Arsenicum* in a course of ascending dilutions, from the 3rd decimal to the 30th, is often of great service."

In the feeble and exhausted heart of emphysema, and in that very similar condition which obtains after protracted chronic bronchitis, *arsenic* very frequently affords much relief.

In the cardiac neuralgia known as angina pectoris, a steady persistence in the use of *arsenic* has rendered a patient free from attacks for lengthened periods. There is a very interesting and fully reported case of this disease associated with hypertrophy, recorded in the *Monthly Homœopathic Review*, volume iv. p. 82, in which *arsenic* seemed to operate curatively, so far as the angina was concerned. The patient was an American merchant, about 50 years of age, who had suffered from attacks of angina pectoris more or less for twelve months. At the time when he came under the care of the physician who reports the case, he was in Europe, and for ten days previously to being seen he had had

two and sometimes three attacks in a day. *Arsenic* was now given in the 3rd dec. three times a day. During the next two days he was free from any attack; on the third he had two very violent paroxysms, when *digitalis* was given. On the sixth day another paroxysm was followed by fainting. *Arsenic* was then resumed in the 12th centesimal dilution. Once a day for several days thereafter he had a slight return of angina, but so slight as scarcely to interfere with his comfort. During a year from that time he had no repetition of the attacks, nor of its concomitants, dyspnoea and palpitation.

This case shows, I think, not only the value of *arsenic*, but also that there are cases in which the higher dilutions are more curative than those which are lower, and that if a medicine, which we are sure is well chosen, does not fulfil our anticipations when given in a low dilution, we should not change it, but the dilution in which it has been prescribed.

The question, "What is the most suitable dose of a homoeopathically selected medicine," is really a most difficult one. As we have gone through the various conditions which are more or less amenable to the remedial influence of *arsenic*, I have brought before you reports of cases in which it has been successful in almost every dilution—cases where a high dilution having failed, more material quantities have subsequently succeeded, and the reverse. At the same time it is both the safest and wisest course to commence with a low dilution, especially in acute cases.

Dr. Russell in the cases of cholera I have extracted from his treatise on this disease gave the 3rd dil., and his results were good. But, at the conclusion of his experience, when reflecting upon his recoveries and his fatal cases, he said, that if he had to go through the same experience again he would give drop doses of his 1st dilution very frequently. I think, too, that in other cases, especially in low types of disease, and in skin disease, where *arsenic* is indicated, we may very generally give a similar dose, while in purely nervous disorders, such for example as chorea the 3rd or the 6th will often be better, and again in angina pectoris, the 12th and the 30th have yielded the best results; and such as are most satisfactory in asthma have been derived from the 30th.

## REVIEWS.

*The Medical Annual: A Record and Review of the Year's Progress in Medicine, Surgery, and General Science; and The Practitioners' Index: A Work of Reference for Medical Practitioners, 1886.* London: Henry Kimpton, 82, High Holborn, W.C.

THIS most useful medical companion has been rendered both more valuable and more instructive this year by the addition of a series of brief chapters summing up the more important additions to medical and surgical knowledge, which have resulted from the published observations of physicians and surgeons since the last volume of *The Medical Annual* was issued. The review of therapeutics, by Dr. Wynn Westcott, brings together the various drugs which have come into general use with the different empirical applications of them which have found more or less favour with practitioners. Among them the article on *cocaine* is one of the fullest. In this chapter we meet with a good deal of what, to the physician who practises homœopathically, is very ancient history! *Hamamelis* in intestinal hæmorrhage; *rhus toxicodendron* in chronic rheumatism, and so on. It is nevertheless an interesting chapter as showing the drift of modern therapeutics enveloped as it is in the mists of empiricism. The progress made in abdominal surgery is recounted by Mr. J. W. Taylor, of Birmingham. Dr. Tom Robinson follows with a considerable collection of formulæ for the treatment of skin diseases. Dr. Robert Jones, of Colney Hatch, comes next with a retrospect of psychological medicine. Notes on Midwifery and Diseases of Women are furnished by Dr. H. F. Smith; on Consumption and Diseases of the Lungs by Dr. Squire, in which the bacillary origin of phthisis is discussed. Diseases of the Eye are written up by Mr. W. Lang. Hints on dealing with insanity are given by Dr. Robert Jones, and the frequent difficulties and obstacles encountered by medical men in endeavouring to save lunatics from themselves render this chapter one that all should carefully study. Dr. Percy Wilde, in a chapter on Digestion and its Disorders, gives a *résumé* of Dr. Lauder Brunton's Lettsomian Lectures, and makes some very excellent criticisms on Dr. Brunton's medicinal treatment of digestive disorders. The notes next in order are on Diseases of the Kidneys, and these are followed by some on Health Resorts, by Mr. G. Norman, of Bath. Dr. Ward Cousins, in a chapter which will prove a very useful one to the busy practitioner, brings together descriptions, and in many instances engravings, of the chief among the inventions of the year which relate to surgical practice and sanitary arrangements.

Dr. Tom Robinson has a chapter on Syphilis, Dr. M. Fothergill one on Glycosuria and Diabetes, and Dr. Prosser James one on Diseases of the Throat.

The observations made during the year on diseases of the heart and blood-vessels are summarised by Dr. Duncan, those on diseases of the nervous system by Dr. David Drummond, those on surgery by Mr. Elam and Mr. Walter Pye, and those on diseases of the ear and nose by Mr. Elam. A catalogue of the books of the year brings the first part of *The Medical Annual* to a close. In the second, a Practitioners' Index, we have a Medical Gazetteer, some account of the Volunteer Ambulance Service, a dose index, details of the requirements of medical education, particulars of British and Foreign Health Resorts, by Mr. Norman, a list of the London Medical Societies, Hints on Urinary Analysis, Test Types, &c.

The whole forms a very excellent little handbook of the progress of medicine and surgery, one which is both interesting and useful, one which will materially assist us in remembering what we have read, and in picking up much that we have passed by.

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## MEETINGS.

### INTERNATIONAL HOMŒOPATHIC MEDICAL CONVENTION, 1886.

THIS gathering of homœopathic physicians from different parts of the world, met at the Schweizerhof Hotel, Bâle, Switzerland, during the first week of last month. The gentlemen who attended from our own country were Dr. ROTH, President of the British Homœopathic Society, Dr. COOPER, Dr. CLARKE, Dr. NOBLE, and, as associate members, Major VAUGHAN MORGAN, Chairman of the London Homœopathic Hospital, and Mr. WYBORN, of the firm of Gould & Son (London); Dr. HUGHES (Brighton); Dr. POPE and Dr. NIELD (Tunbridge Wells); Dr. CASH (Torquay), and Dr. G. SCRIVEN (Dublin); from the United States of America, Dr. RUNNELS, President of the American Institute of Homœopathy, (Indianapolis); Dr. WILDER and Dr. COWL (New York); Dr. WALTER WESSELHGEFT (Boston); Dr. HOBART and Dr. R. LUDLAM, jun. (Chicago); Dr. RUSH (Salem, Ohio); Dr. LESEURE (Detroit); and Dr. FOSTER (Kansas); from Switzerland, Dr. BRUCKNER and Dr. MESCHLIN (Bâle); Dr. SCHADLER, President of the Swiss Homœopathic Medical Association, Dr. ANKEN and the Baron von HEYER, M.D. (Berne); Dr. FRIES (Zurich); Dr. PFANDER

(Thun); Dr. BATAULT and Madame BATAULT, M.D. (Geneva); from France, Dr. MEYHOFFER (Nice); Dr. V. L. SIMON, Dr. HEERMANN and Dr. HEERMANN, jun. (Paris); from Germany, Dr. MOSSA (Strasburg); Dr. FOCKE (Freiburg, Baden); and Dr. MATTES (Ravensburg); from Belgium, Dr. B. SCHMITZ and Dr. LEMBREGHT, jun. (Antwerp); from Denmark, Dr. OSCAR HANSEN; and from Italy Dr. BONINO (Turin).

On Monday evening, the 2nd ult., a preliminary meeting took place at the hotel for the election of officers, Dr. Hughes, President of the last Convention, occupying the chair. By an almost unanimous vote Dr. Meyhoffer, of Nice, was elected President, and Dr. Roth, of London, was elected Vice-President. Before vacating the chair Dr. Hughes proposed that an Assistant Secretary should be elected to aid the Permanent Secretary, and to undertake the duties of Treasurer, in the unavoidable absence of Dr. Dudgeon. It was proposed by Dr. Léon Simon, *filis*, seconded by Dr. Runnels, and carried, that Dr. John H. Clarke should be elected to this office.

Dr. Hughes then vacated the chair, and handed the President's hammer, first wielded by Dr. Carroll Dunham in Philadelphia in 1876, to Dr. Meyhoffer, who took the chair amid loud cheers.

The PRESIDENT then called on Dr. Hughes to explain why the Congress had been summoned to meet at Bâle instead of at Brussels, as decided upon at the Congress of 1881. In doing so Dr. Hughes said that, in accordance with the resolution of the London Congress in 1881, Brussels was chosen, subject to the approval of the homœopathic practitioners in that city. These having been communicated with, Dr. Martiny replied, in their name, accepting the duties of hosts "avec impressement." Everything went on under this understanding until, at the eleventh hour, Dr. Martiny and his committee issued their now famous circular stating that the Convention could not be held at Brussels, since the response to their invitation and request for papers had been so meagre, and proposing that it should be held in Paris in 1889. Dr. Hughes, as Permanent Secretary, immediately took action to carry out the resolution of 1881, and prevent the quinquennial order of the Congresses being broken. He conferred with his colleagues, and wrote to Dr. Martiny, pointing out that he and his committee had acted *ultra vires*, and offering to undertake all the responsibilities of the Congress if the Belgians would agree to its being held in Brussels. But this, for some inscrutable reasons, they refused to agree to. No other course, therefore, was open to Dr. Hughes but to choose another meeting-place, and the choice fell on Bâle; Dr. Hughes, as Permanent Secretary appointed by the previous Congress, with a committee



granted him by the British Homœopathic Society, undertaking all the duties of organising the meeting. Dr. Roth then gave a *résumé* of this in French, for the benefit of those present who did not understand English. This office of interpreter Dr. Roth continued to discharge throughout the Convention.

Dr. RUNNELS, President of the American Institute of Homœopathy, which has just held its annual meeting at Saratoga for the present year, then moved that a hearty vote of thanks should be passed to Dr. Hughes for his persistence in carrying out the resolution of the last Congress, in spite of the very great difficulties arising out of the action of the Belgian committee, and that his action be emphatically ratified by this meeting as having saved the quinquennial succession of these International Conventions from being irretrievably broken. The motion was seconded by Dr. WILDER, and in putting it to the meeting the President spoke warmly in its favour. The motion was carried unanimously, and Dr. Hughes expressed the satisfaction the vote gave.

The Rules which it was proposed should determine the order of Procedure during the meetings were then put and carried, and the preliminary meeting terminated.

FIRST DAY.—*Tuesday, August 3, 1886.*

The PRESIDENT having opened the meeting, Dr. Clarke proposed the names of two gentlemen as honorary vice-presidents. He said he felt that gentlemen would agree with him that it would be a graceful thing to follow the example of previous Congresses in this matter. At the first Congress in Philadelphia Drs. Hering, Gray, Clotar Müller, and Hughes were chosen; and at the second congress in London, 1881, Drs. Meyhoffer, Talbot, Breyfogle (President of the American Institute for the year) and Drysdale were elected. Dr. Clarke proposed that Dr. Schädler, of Bern (President of the Swiss Homœopathic Medical Association), and Dr. Runnels (President of the American Institute of Homœopathy for 1886), should be elected honorary vice-presidents on the present occasion. These gentlemen were elected by acclamation.

The President then delivered his address. He said:

Gentlemen,—It is a tradition that the President of the International Homœopathic Convention should address the meeting at the opening of the proceedings. This duty devolves on me at this Third Quinquennial Convention. I much regret that the honour of presiding over this meeting has not been bestowed upon one much worthier and more able for the office than myself. (No.) However, I trust to your forbearance, and the shortness of the time granted, for the many unavoidable shortcomings inherent to my taking the chair so unex-

pectedly. What I wish to bring before you, gentlemen, on this occasion, is the "Present Aspect of Homœopathy." In reading last night, or, more correctly, early this morning, the *précis* of papers presented for discussion at this Convention, I was struck, in the historical part of them, by the somewhat depressed tone underlying them. The only very gratifying report comes from over the Atlantic. How is it that in Europe, the only true principle and guide in medical therapeutics, the revelation and practical application of which we owe to Hahnemann's genius, and which has already rendered such immense services to suffering humanity, has not made more progress? Dudgeon, in his article "En Avant!" in the same paper, mentions several causes, but I miss one important one. It is that we, Hahnemann's disciples, do not fully agree on the interpretation of the *similia similibus curentur*. The immediate followers of Hahnemann and those who still adhere to the literal interpretation of his teaching, devote their whole attention to the subjective symptoms and more or less neglect the pathological condition of the organs. The more modern conception of Hahnemann's principle demands not only an external and subjective similitude between the drug action and morbid condition, but it requires, as much as possible, a perfect similitude between the pathological condition and the pathogenetic qualities of the medicinal agent. Hence frequently a want of understanding, a want of unity of action among the members of our body which must necessarily injure our good cause in the eyes of the public. Both these interpretations of Hahnemann's principles are true, but both also are very liable, if exclusively practised, to lead to error. The purely symptomatic treatment, by neglecting the pathological condition of the organs, will often fail to exhibit the truly homœopathic remedy, whereas the physio-pathologist will not seldom commit the same fault by not taking into account valuable concomitant and contingent symptoms. There cannot be two homœopathic principles, there is only one. But these two interpretations of the application of the *similia* must be merged into one in order to be complete; *i.e.*, the totality of the symptoms, objective and subjective, must be a guide to the selection of the remedy. There is unity in the disease, there must also be unity in the similitude of the therapeutic action. Consider, gentlemen, that we are the representatives of the only true scientific principle, the principle which crowns the whole system of medical science, that is the sure guide for the cure of disease. I know well that these things have often and much better been told. But it seems to me that they cannot often enough be brought forward. Let us not forget that "union is force," and that only by our unity can we promote the progress

of our cause, and reduce in greater measure the common enemy of humanity, disease. How is this goal to be attained? First of all, by the homœopathic press, and I need not say how much we are indebted in this respect to Dr. R. Hughes. Secondly, to our individual and collective influence in the profession. I have now to apologise, gentlemen, for the informality and shortness of this address. Nobody knows better than Dr. Hughes how little prepared I was to assume the honour of the President's chair. (Loud cheers.)

On concluding his address the President quitted the chair, and the Vice-President, Dr. Roth, took his place, and introduced the subject of the *Histories of Homœopathy*. He commented severely on the conduct of Dr. Lorbacher, editor of the *Allgemeine Homœopathische Zeitung* in refusing to insert Dr. Hughes' circular and Dr. Dudgeon's letter in reply to one by Dr. Weber, of Cologne.

Dr. ROTH then referred to the History of Homœopathy during the last five years in the Austrian and German Empires, which had been prepared by Dr. Th. Kafka, of Karlsbad, and read the *précis* of it, published at page 476 of our August number. He then called upon Dr. Mattes, of Ravensburg, in Wurtemberg, to make some further comments.

Dr. MATTES said that the position of homœopathy was, on the whole, satisfactory. In North Germany homœopathic practitioners were about 3 to 4 per cent. of the profession. They had the right of dispensing their own medicines, a right which had been acquired after a long struggle. To obtain it, however, they had to pass a special examination, Dr. Fischer, of Berlin—a homœopathic physician—being the examiner; and an official inspection of their dispensaries is made at intervals. The fund raised for the erection of homœopathic hospitals in Berlin and Leipzig had considerably increased. In each city is a dispensary, that in Berlin having 8,000 cases and that in Leipzig between 2,000 and 3,000 per annum. A journal called *The Pionier* was commenced last year in Berlin, under the editorship of Dr. Eye. Its object is to organise an association for the purpose of extending the knowledge of homœopathy among the public and to arouse an interest in defending it. A homœopathic propaganda having the same objects, headed by the German and Austrian nobility has been set on foot in Germany, Austria and Switzerland. In South Germany homœopathic physicians have not yet succeeded in obtaining the right to dispense their own medicines, but are still compelled to send their prescriptions to the apothecaries. By a law passed in Wurtemberg in 1883, homœopathic practitioners are placed on the same footing as allopaths, the homœopathic apothecaries being represented at the medical college by

Ober-medical-rath Dr. von Sik, and are thus virtually under state control. Up to the present time no special regulations have been made in Baden or in Bavaria respecting dispensing rights. The Hahnemannia Society in Stuttgart gives pecuniary help to medical students. To this society H.M. Queen Olga contributes from £10 to £15 annually. Dr. von Sik has been for some years at the head of the Deaconesses Hospital at Stuttgart. Dr. Rapp, who, in consequence of his avowal of faith in homœopathy, was driven from his professorial chair in Tübingen, was appointed body-physician to H.M. Queen Olga of Wurtemberg four years ago. Professor Buchner, of Munich, assisted by Graf Dettingue-Wallenstein, has founded a homœopathic hospital in that city, which is under the charge of Dr. Kök and Dr. Chaeglier.

Dr. HEERMANN added that there were some towns in Germany, such as Kiel, where the desire for homœopathy is so great that offers of houses and money have been made to induce homœopathic practitioners to settle amongst them.

Dr. ROTH then called upon Dr. Lembrecht, of Antwerp, to present his report on the state of homœopathy in Belgium. The *précis* of this report appears at p. 478 of our last number.

Dr. BONIFACE SCHMITZ then said:—I will add a few words to the report of Dr. Lembrecht on the state of homœopathy in Belgium, but before doing so I wish to give some explanation of the causes which have led to the want of success which the proposal for this Convention to assemble in Brussels has met with. I do not wish to cast any blame on any member of the committee appointed to arrange the meeting, but at the same time it must be confessed that we have not worked at it in Belgium as energetically as we ought to have done. This indolence is, I doubt not, due chiefly to the want of union among the Belgian homœopaths. We must learn from this fact how necessary it is that efforts should be made in every part of Belgium to unite together in one body all physicians who practise homœopathy. That it is very possible to do so I have no doubt. He believed that, if the Congress had been held in Brussels, nothing but advantage to homœopathy in Belgium would have resulted, and he greatly admired the determination Dr. Hughes had shown to hold the Convention at any cost. As to the actual position of homœopathy in Belgium, I can but confirm the information given by my honourable colleague, Dr. Lembrecht. I will first notice what we have, and then what we have not. What we have is an ever increasing desire among the people for the practice of homœopathy, and a still increasing number of homœopathic practitioners. We have also three Medical Societies, Le Cercle Homœopathique de Flandres, L'Association Centrale de Homœo-

pathes Belges, and La Société de Médecine Homœopathique. We have also a journal *La Revue Homœopathique Belge*, edited by Dr. Martiny. What we have not is the admission of homœopathic treatment in the public hospitals, but, thanks to the energetically advanced claims recently made by Dr. Martiny, we hope shortly to see our method practised in some of the Brussels hospitals. I am sure that greater progress would be made amongst us if the three societies were merged into one, and I see no reason why this should not be accomplished.

Dr. CLARKE then presented his report on Homœopathy in the British Empire, of which a *précis* appears at p. 479 of our last number. This having been read

Dr. ROTH remarked that great progress was being made in the Australian Colonies. Dr. Nichol had sent a report from Canada, and there was a short report from Dr. Majumdar, of India.

At the request of the chairman, Dr. Hughes then read the following letter from Dr. Nichol in reference to the small-pox epidemic:—

“ Dear Dr.,—I had your letter one hour ago, and behold the reply! I trust I am in time. I was too busy to keep figures, but out of a large number of cases I lost but one babe, unvaccinated, French Canadian, *of course*. I lost no unvaccinated adults, and my colleagues all had a like success. We had another large epidemic lasting from 1874 to 1881 (annual mortality 600 to 900!) and I was busy then, but I lost only one adult, unvaccinated, suffering from constitutional syphilis of a severe type. Few die under pure homœopathic treatment, but *it must be pure*. I pay close, very close, attention to the therapeutics, and never alternate, never allopathise. My colleagues are like-minded. The allopathic statistics are shrouded in Egyptian darkness.

“ Yours, in great haste,

“ THOMAS NICHOL, M.D., LL.D., B.C.L.

“ 140, Mansfield St., Montreal, July 20, 1886.”

Dr. POPE said: Mr. President and Gentlemen, in responding to the request to address the Convention on the position of homœopathy in England, it is impossible for me to ignore the fact that among some of our senior physicians, those who have during many long years borne the burden and heat of the fight in defending homœopathy from attack, who have also done more than any for its scientific development, several seem to take a somewhat pessimistic view of the situation, to be despondent as to the future of homœopathy in England. However natural this may be after so long a period of struggling, I do not think that it can be justified when the facts of our position are fairly regarded. I trace this despondent feeling to

two causes. It is due, I think, to weariness in the first place. These gentlemen have, whenever a discussion or dispute has arisen, been called upon time after time to reply to the same objections. Over and over again have the same arguments been brought to bear upon them, the same facts adduced to controvert them. Their arguments are not replied to, their facts not disputed, but the objections they have refuted are nevertheless again and again repeated. This, it must be confessed, is weary work. The hope inspired by the consciousness of the validity of these arguments and the character of these facts has been deferred, and the old time result has followed, the heart has become sick and the mind weary. Disappointment at the continued ostracism of physicians practising homœopathy has been enhanced by witnessing the professional advancement of men who, while denying the truth of homœopathy, are entirely indebted to the facts they have derived from our study of homœopathy for the positions they have acquired. It is the triumph of dishonesty, and the ostracism of an open avowal of the truth, which have largely contributed to this weariness. Then, secondly, the very depth of their conviction of the immense importance of homœopathy to the profession and to the sick has tended to develop this despondency, when they compare the value of homœopathy with the slow advance it has made in professional esteem. It is depressing to see and to hear of disease being protracted which the adoption of homœopathy would have shortened, of fatal results occurring, which we have every reason to believe that the adoption of homœopathy would have averted. While, however, there is much to dishearten, when we look at the position as a whole there is, at the same time, a great deal to encourage. First of all look at the position of the great body of the profession. Roughly it may be divided into two classes—men who are especially anxious to make money, and those who are desirous above all things to acquire an influential position in it—and the latter are dependent for their chances of advancement upon the former. Now, as a source of wealth homœopathy is practically of no account: acute disease is so rapidly controlled through it, that as compared with the effects of traditional medicine an attendance is of small pecuniary value. Dr. Pope here referred to a case of simple tonsillitis within his knowledge, where the patient had been confined to bed for three weeks, and was in very feeble health for as much longer; adding that he ventured to say that so prolonged a case of simple tonsillitis was not within the experience of any homœopathic physician present. How great must be the difference between the pecuniary results of an attendance of six weeks and one of ten days he left them to

estimate. The advancement of the h6spital physician is dependent on his consultations, and these are in the hands of the general practitioners, who are hungering and thirsting after fees; consequently they are tongue-tied, and their efforts to promote the development of therapeutics are made in secret. Hahnemann is ignored and homœopathy denied; albeit the work done by those who endeavour to pose as scientific pharmacologists is derived entirely from homœopathy. Thus it is that the spread of homœopathy is held in check by self-interest, ignorance and prejudice. Hence it is that the conspiracy of silence has been successful in keeping homœopathy in the back ground. Hence it is that the degree of progress we have made is no greater than it is.

Nevertheless, there is much to encourage us to persevere in propagating a knowledge of homœopathy, and in its practical development. The number of avowed practitioners is, it is within my personal knowledge, on the increase. This increase during the last two or three years may indeed be said to have been considerable. Further, the extension of the appreciation of the therapeutic principle contended for is seen in the largely increasing number of the secret adaptations of the results of homœopathic experience. In the latest work, Dr. Lauder Brunton's *Pharmacology and Therapeutics*, these amount to about 60 per cent. of all the therapeutic hints given. In short, there has lived during this century no man, the influence of whose work on therapeutics has been so great as that of Hahnemann has been. Our opponents may sneer at homœopathy as much as they choose, they may ridicule the small dose which alone is necessary to carry out homœopathic practice to their heart's content, and they may declaim against homœopathic physicians until their vocal cords snap with tension, but they cannot deny that, in therapeutics, the crowning point of medicine, homœopathy is now more practised throughout the profession than it ever was, they cannot deny that homœopathy is the *point d'appui* of therapeutic reform. This, gentlemen, is the work of Hahnemann and of his followers, and no one has done a larger share of this work in our day, or more important work in any day, than the President of the 1881 Convention and the Permanent Secretary of our body—Dr. Hughes. (Loud cheers.) Think for a moment of the time, now sixteen or seventeen years ago, when Dr. Ringer's *Hand-book of Therapeutics* appeared, of our surprise when we found that some 16 or 20 per cent. of his therapeutic hints were derived from homœopathy; and now turn to Brunton's with its 60 or 70! Here, gentlemen, is progress, real, active, useful progress! Here is a preparation of the ground for the general adoption of homœopathy. What, then, do we need for its full

cultivation? We need a purer desire on the part of the bulk of the profession to do the best they can for their patients irrespectively of all financial results. We need a greater amount of knowledge of what homœopathy means, and of how it is to be practised. The avenues for this purpose are two—the professional journals, which are hermetically sealed to us, and the higher class of literary periodicals. These are in some instances open; whenever they are so we should, as Hahnemann did, avail ourselves of them to make known the truth of which we are the trustees. We have lately, in England, obtained an opportunity for doing some little work of this kind in a journal of considerable circulation—the *English Mechanic*—in which Dr. Clarke and myself have done what we could to hold up the standard of homœopathy. We need also increased care in practice, and this means increased study of the *Materia Medica*, increased care in the individualisation of our cases. There is no use in declaring aloud that homœopathy is true, if at the same time the practitioner, by neglecting the study of his *Materia Medica*, feels compelled, in order to give relief to his patients, to hark back on palliatives. Care in prescribing is essential to success, and success in treatment is essential to the progress we desire. Very well, then, gentlemen, I maintain that we have no cause to despond. If we do but persevere in faithfully presenting homœopathy in the sick chamber, if we persevere in making it known through every available avenue, we must triumph. Homœopathy is true, and truth will not for ever be denied her rightful place. The time will come, must come, when homœopathy will be recognised as the basis of therapeutics throughout the profession. Be it ours to hasten that time!

Dr. LEON SIMON followed with his report on the state of homœopathy in France, the *précis* of which appears at p. 475 of our August number. The Vice-President asked Dr. Heerman, of Paris, to comment upon it.

Dr. HEERMANN said he belonged to the school of Hering. Popularly among high and low, rich and poor, there is in France a desire to have homœopathists amongst them; and this shows a great independence of character in the French, because there was much to dissuade them from it. Again, there were two societies in Paris, one following Hahnemann, and one in which the teacher spoke lightly of Hahnemann, and went in for hypodermic injections and scorned individualisation of remedies. These did great harm to homœopathy. Summing up, he said there were a few accessions of young men, but quite out of proportion to the demand.

The Vice-President now called on Dr. Oscar Hansen, of Copenhagen, to present his report on homœopathy in Den-



mark, the *précis* of which appears at p. 480 of our last number. In presenting it

Dr. HANSEN said the history of homœopathy in Denmark begins with the year 1821. Previously to this several sick persons had visited Hahnemann at Cœthen. In 1836 there were three homœopathic physicians in Copenhagen, and there are now eight throughout Denmark, of whom seven practise in Copenhagen, one being in Aarhans, in Jutland. In 1853, when the cholera raged with great violence in Copenhagen, the allopathic physicians had a mortality of 60 per cent., while among those who were treated homœopathically only from eight to ten per cent. were lost. This great difference gave considerable impetus to the spread of homœopathy, while the results arising therefrom contributed to bring our method into increased favour. We have a homœopathic medical society which was founded in the year 1853—the cholera year—and this society publishes a monthly journal under my editorship. Of late years two attacks have been made upon homœopathy, and to them we replied. It is worth remarking that in the same paper in which the last attack was made in May, 1884, there appeared in July, 1884, an article on Asiatic cholera, in which the following passage occurs: "Allopathists have only studied the pathology of this disease, while homœopathic physicians have both prophylactics against it and remedies to meet it with when it occurs, while the report of the cholera, when it appeared in Marseilles, is fully favourable to homœopathy." Since 1880 we have a society composed exclusively of homœopathic physicians; the meetings take place every month from May to September, when discussions on pathology and *Materia Medica* are held.

No report having been received from Italy, Dr. Roth requested Dr. Bonino, of Turin, to communicate some facts regarding the position of homœopathy in that country to the Convention. Accordingly

Dr. BONINO said that in Italy the resurrection of the nation marked the resurrection of homœopathy. Five years ago the Homœopathic Institute was founded, and by the help of Dr. Leoncini, of the Marine, had obtained a Government charter. Dr. Leoncini had also given 40,000 lira for the founding of a Homœopathic Hospital at Genoa. In this institution there were, besides medical men, chemists and veterinarians. There was also the Hahnemann Federation. There were fifty-five practitioners. There was one journal, *Revista Omiopatica*, published for thirty years; and there was also a journal of the Federation Society. There was no animosity between allopaths and homœopaths in Italy. Homœopathy was in favour with the poor as well as with

the rich. Dr. Bonino hoped himself to have a hospital in Turin ere long. He then referred to the reports from Russia, Switzerland, the United States of America, and Spain, drawing special attention to Dr. Bojanus's hint that homœopathic hospitals do best where there was no university.

The following is an abstract of the report on Homœopathy in Russia, prepared by Dr. BOJANUS, of Moscow, which he was prevented being present to speak upon:—

He was unable to give any statistical data about the progress of homœopathy in Russia, not having received any notice to prepare a paper until too late for the Convention. He gives, however, a very detailed account of an attempt made by Dr. von Dittman, of Petersburg, to show the superiority of homœopathic treatment in diphtheria, which was at the time raging in Petersburg. Dr. D. first recommended *mercurius cyanatus* (80th dilut.) as an infallible remedy and prophylactic against this terrible disease; and afterwards he entreated the Emperor to let him have a hospital, in which he could treat the cases of diphtheria entrusted to his care according to the homœopathic system, under the supervision of an allopathic committee of physicians. This request was granted; and a hospital of forty beds entrusted to his care. But by the intrigues of the allopathic fraternity he got but one patient to treat, a child with *angina scarlatinosa gangrænosa*, which died. No other patient was received by him. It may easily be imagined that after this Dr. D. was insulted and abused in the papers by the enemies of homœopathy, and the system of Hahnemann denounced as a fraud. Dr. Bojanus therefore advised the German homœopaths not to establish a homœopathic hospital in a city where there was a university, but rather in a place like Görlitz, where there was a large population of working men. Dr. B. was convinced that as long as homœopathic hospitals or dispensaries were under the control and supervision of allopathic authorities, they could never flourish. Only where such institutions were as entirely independent, as they were in North America, were they in a prosperous condition. Finally, Dr. B. stated that in Moscow two allopathic physicians had become converts to homœopathy, and in Petersburg two of his sons were now practising homœopathy.

The reports from Spain and Switzerland, the abstracts of which will be found at page 480, giving rise to no discussion or commentary, Dr. Roth called on Dr. Runnels, of Indianapolis, to speak to that presented on homœopathy in the United States of America, by Dr. Bushrod James, of Philadelphia.

DR. RUNNELS said: Mr. President and Gentlemen,—In endeavouring to present the status of homœopathy in the United States of America, I experience a difficulty. The field is so vast and the interests are so many, that I cannot in my brief space of time do more than touch them—reiterating or possibly adding to the figures so well furnished by my colleague Dr. James. And that is far from satisfactory; for while figures “do not lie,” they fail to represent, in such a case as this, the real life that is going on beneath them—the conflicts, the victories, and the defeats that have taken place—in all their length and breadth. But I can truthfully say, that since our report to this Convention in 1881, there has been a very substantial progress of homœopathy among us. This has been manifested in two ways—first, in a direct and measurable way, and secondly, in one remote and less tangible, but none the less real. To the best of our knowledge we have now at least 10,000 physicians in the United States who are openly practising homœopathy, and this number is being increased annually by the creditable number of graduates from our various colleges, and by the very gratifying number of physicians who are coming to us with diplomas from old schools. But while a goodly number of such are strong enough in their conviction of our great truth to openly proclaim their adhesion to it, there is an astonishingly large number who are clandestinely practising it, and are either honestly feeling their way to it or are profiting by it while still openly opposing and persecuting it. Like Ringer and Brunton, these men are willing to accept and use the truth, but they are not willing to have it labelled and its origin credited. They will assume any position—however unmanly—rather than do a thing so noble and just as that. It is not, therefore, altogether in an open avowal of the truth by physicians that we claim an advancement, but also in the silent influences that have pervaded the body medical everywhere. In obeisance to the teachings of Hahnemann, the medical practice of his bitterest opponents has been most markedly modified. Omnibus prescriptions are now pretty much a thing of the past. It is rare to find a doctor who now mixes more than one or two ingredients with a little simple syrup in his compounding. The old method of writing from twelve to one hundred and fifty agents in a single prescription has passed on, or is still indulged in only by those who have learned nothing since the beginning of the century. We see it too in the avenues of trade. Every drug-store is now glad to avail itself of its advantages; is willing to become a homœopathic pharmacy in even a small degree—by carrying a line of homœopathic remedies. Thus the old school is literally

honeycombed by this truth, which either openly or in the disguise of plagiarism has entered it. One very prominent old school authority in one of our principal cities when congratulated upon his fairness and semi-complimentary expressions with regard to homœopathy, said, "I tell you my friend that it isn't one half as hot in this respect as it was thirty years ago." One of the broadest avenues to advancement amongst us is by way of the State Universities. Several years ago Congress directed that the large bodies of school lands, formerly reserved for purposes of education, should be disposed of by sale and the proceeds invested in universities in each State. This has been rapidly going forward, and many schools, with all the machinery of a university, have been started. In several of them homœopathy has been awarded a place in the medical department. The State of Michigan took the lead in this respect, and after a long struggle admitted professorships of homœopathy. Following Michigan came the Boston University, in which our friends took the whole loaf, the entire department of medicine being finally consigned to them. And now we have schools in Iowa and Nebraska, and may reasonably expect more as the growth of States and of universities shall follow. This may seem to be too much in the school line, but when you remember that these States, when taken singly, have more acres than England, Scotland and Ireland combined, and that each will be the home of millions of people, you will see that we are not going much astray in thus planting for the future. Equally interesting is the growth of hospitals. In almost every large city a fine hospital is to be found under homœopathic management. Providence, R. I., has just completed one costing over \$50,000. Boston has built one costing \$200,000, which is partially endowed with another \$100,000. Pittsburg has one of the most complete hospitals to be found in any land, for which the Legislature of Pennsylvania has during the last few years appropriated over \$100,000. Cleveland is as fortunate, having a hospital costing quite as much, built out of the free-will gifts of its citizens. In addition to these is the division of the wards of the great Cook County Hospital of Chicago—perhaps the largest hospital in the world—one-fourth of the wards being placed under homœopathic care. The acquisition of the Ward's Island Hospital in New York, with its six hundred beds, the donation of land and money by the State of Massachusetts of over \$500,000 to our Insane Asylum at Westboro', Mass., and last, but not least, the appropriation of \$15,000 by our National Congress to the National Homœopathic Hospital at the capital. This to be sure is a small sum for a great government to bestow upon such a cause, but it is a

recognition. It places us upon the rôle of its benefactories, and gives us a place in the yearly budget. An additional \$5,000 for expenses has been recommended by the Committee in Finance, and doubtless, ere this, has been granted by Congress. In thus grouping the results obtained by us during the last quinquennium, I am sure I am justified in saying that our progress has been substantial and very gratifying. To be sure we have not gained all we sought, but we have had victories as well as defeats, and the latter should not as yet be rated as such, for the battle is not over. Where we have been repulsed we yet expect to plant the flag. It is somewhat discouraging to us to hear of the slow progress made by you on this side the water. But we do not forget that you are hedged about by old forms and customs, and that development under such circumstances is tedious. We shall count it a victory if you will but hold your ground, while the wave of success is sweeping over other parts of the field, fully believing that there will be a reflex in this way, and that you shall be finally successful, and masters of the situation. Believe with all your heart in the might of truth, and that it will prevail.

The reports from the various countries which had been received having been all presented, Dr. MEYHOFFER resumed the chair, and called on Dr. CLARKE to open the discussion on Dr. DUDGEON's paper, entitled *En Avant*, the *précis* of which is given at page 481 of our last number.

Dr. CLARKE said that there were few men who had done more than his friend Dr. Dudgeon to convince the medical profession of the truth of homœopathy. For forty years he had directed all his efforts to this end, appealing to the profession in the most professional of ways, and he had now come to the conclusion that it was of no use. Practically it had had no result worth speaking of. Hence he had come to the conclusion, and others had done so too, that it was time to make a change in our tactics and appeal to the profession no longer, but to the public. Dr. Clarke referred to the action that had arisen out of this decision as embodied in the HOMŒOPATHIC LEAGUE. He briefly alluded to the origin of the movement, and drew the attention of the Convention to the memorial presented to the Board of Management of the London Homœopathic Hospital by a deputation from the League on June 30th, mentioning that a number of copies of the *Homœopathic World* containing that memorial were in the hall, and any member was at liberty to take one. He was happy to inform the members that the venerable Lord Ebury had accepted the presidency of the League, and that a lay secretary had been appointed. The movement was intended to be essentially a lay one. In the early days of homœopathy

in Great Britain, when the appeal was made to the laity, medical men joined our ranks in numbers. When that was stopped our numbers ceased to increase. Dr. Clarke then explained the work of the League, the character of the work done, and the tracts already issued. He said that the general public were exceedingly ignorant as to what homœopathy really was, and if they were enlightened the strength of allopathy would be gone. He gave instances, and among others his own case, in which the enlightenment of lay homœopathists had led to the conversion of medical men. He was delighted to find a similar lay society started in Germany, and hoped that they might soon join hands, and that the movement might be placed on an international basis.

Dr. SCHMITZ said; I regret the absence of Dr. Dudgeon because I would have liked to congratulate him on the publication of his Letter to the College of Physicians. I think that it is very important that what Dr. Dudgeon has done in England should be done in every country, viz.,—that the appropriation of our remedies by the allopathic school should be made generally known. We ought to do this in order to defend our rights, and for our future justification.

Dr. LEON SIMON said: The question we treat of at present is one of the greatest importance and of the greatest difficulty. We must act with the greatest prudence in addressing the laity. On the one hand we are open to the accusation of charlatanism, and I therefore recommend that where there is no absolute necessity no name be appended to the articles or tracts, and, above all, that we never give our address. On the other hand, doctors deprived of their diplomas, or even legally qualified doctors, but really charlatans, can borrow our quality, and publish under the name of electro-homœopathy, or of homœopathy with some epithet or other added, pamphlets which are neither homœopathic nor even scientific. This will put us under an undeserved discredit, which would prove very injurious to us.

Dr. ROTH said that we tried to aim at what Dr. Simon referred to. No author's names were to appear appended to the publications, and nothing unworthy would be produced. He had a number of the tracts for any members who desired to see them.

Dr. HEERMAN asked if the right of translation was reserved, and was answered in the negative.

Dr. RUNNELS said this was an important matter. Our missionary work had suffered from practitioners not having been able to conduct that as well as their practices. It was on a right footing in the hands of the laity. The speaker was warmly in favour of it, and thought that something

ought to be done here to spread the movement abroad. He would do all he could to spread it in his country.

Dr. HEERMAN asked that this be voted on, and that the motion of Dr. Runnels be seconded. The thing was good. Let the Convention vote.

Dr. WILDER said one question occurred to him. How were additions made to homœopathy in Great Britain if homœopaths have to go through the old school?

Dr. HUGHES said that as we had no college we depended on converts and on the sons of homœopaths to increase our number. There was no hindrance to the practice of homœopathy, but all must pass through the same curriculum.

Dr. CLARKE added a few remarks on what is incumbent on American graduates in order to enable them to practise in England; and stated that American graduates could *practise* in England without an English diploma, but they could not be on the British register, and would not possess the same legal standing as those who were registered.

Dr. MEYHOFFER said it was different on the Continent. No medical man, however high a degree he may have taken in his own country, could practise in another unless he went through another examination in the country in which he intended to practise. The examination might be harder or it might be much easier than that he had already passed, but it could not be avoided.

He then put to the Convention the following resolution, proposed by Dr. Runnels, seconded by Dr. Heerman:—

“That this Convention heartily approves of the movement initiated by the HOMŒOPATHIC LEAGUE, and recommends that steps be taken to make it international.”

This was carried unanimously.

The proceedings of the morning then terminated.

A sectional meeting was held in the afternoon, when Dr. ROTH delivered an address on *Hygiene*. This, and the report upon it, we are obliged to postpone until next month.

#### SOCIAL GATHERING.

On Tuesday evening, at 6 o'clock, the members dined together in the large dining-hall of the hotel. The time passed most pleasantly, and after the dinner three official toasts were proposed: 1st, “The Swiss Confederation,” by Dr. Meyhoffer, responded to by Dr. Meschlin, of Bâle; 2nd, “The Memory of Hahnemann,” proposed by Dr. Wesselhoeft, and drunk, as always, in solemn silence; and 3rd, “*Floreat Homœopathia*,” proposed in a graceful speech by Dr. Léon Simon. Afterwards “The Ladies” (whose presence greatly

enlivened the proceedings), were toasted by Dr. Roth in English, French, and German, and Dr. Heerman, *filis*, in a witty speech, answered for them, also in all three languages.

SECOND DAY.—*Wednesday, August 4th.*

The PRESIDENT said that the subject of the discussion for the day was one of the greatest possible importance. He hoped that gentlemen would take the liveliest part in the discussion. He called on Dr. Hughes to open it.

Dr. HUGHES said that, as one of the editors of the new *Materia*, he appeared before them to give an account of the *Cyclopædia of Drug Pathogenesis*, and its claims to be considered the *Materia Medica* of the future. It had special claims upon them, as it was no individual venture of a single author or of a publishing firm. It was the joint work of two national societies. Its commercial interests were already secured. The judgment of the Convention was asked on the first volume. The work purported to be a revision of the *Materia Medica*. It aimed at being a pure record of pathogenetic effects. Formerly our *Materia Medicas* had been disfigured by the presence of clinical symptoms. The elimination of these was the first task. The next work was that of sifting. All recognised that provings were not all alike satisfactory. Dr. Allen admitted some of the worst, though in the index he ignored them. The authors had only given their sanction to what they had confidence in guaranteeing as perfectly satisfactory. Medicines less highly regarded were printed in smaller type, and this type had been used also for those provings not regarded as of the best character. The next point was that of proving by dilutions. Without judging others, it had been deemed advisable to draw the line at the 6th centesimal dilution. This was merely a practical compromise. Then had come the work of reconstruction. Hitherto it had been the practice to cut provings up into a schema. It was thought that the student ought to have the symptoms in their original relations. There were some provings only given in schema form, and these had been as far as possible reduced to harmony with the general tenor of the work. Lastly, he said that all matter had been taken from its original source whenever possible. He invited the judgment of the Congress on this work, and emphasised the importance of the judgment it would pronounce. He concluded by quoting the words of Dr. Runnel in his Presidential address at Saratoga—  
“The purity and reliability of our *Materia Medica* is a consummation to be desired by all; but we have hardly yet begun to realise the great work that is here being accomplished for our science. To have the pathogenesis of every drug well authenticated; to have it freed from all error; to have it present the



real truth of drug-ability in every instance, is to plant the feet of every prescriber on the bed-rock of certainty; is to supply him with knowledge that will sustain him in the hours of extremity"—and hoped that this meeting would give them its endorsement.

The PRESIDENT having translated Dr. Hughes' remarks in brief called the attention of the meeting to the *résumé* of the papers by Dr. IMBERT-GOURBEYRE, Dr. HUGHES and Dr. DRYSDALE, the *précis* of which are given at p. 482-4 of our last number.

Dr. HOBART moved that the Convention expresses its hearty approval of *The Cyclopadia of Drug Pathogenesis* and tenders its hearty thanks to Dr. Hughes, Dr. Dake, and the other editors for their earnest, arduous and successful labours. He then said that the remarks about the schema were very much to the point, and its omission was a step in the right direction. When he began to study homœopathy, Hull's *Jahr* was put into his hands. It seemed to him like a dissection. It was like taking a student into a dissecting room, and showing him first muscles, then blood-vessels, then nerves, and so on, whereas what he needs to see is a medicine as a whole, as an individual. We ought to know our drugs as we do our friends, by a glance at their features. In no way could homœopathy be so much advanced as through the study of *Materia Medica*. It was Hahnemann's *Materia Medica* that made us a school. In all our studies and discussions, *Materia Medica* should occupy the first place. In America the discussions had run too much on other subjects. Physiology and pathology were very important, it was true, but the investigation of *Materia Medica* was still more so. This work was further a great boon both to teacher and student, inasmuch as many of the sources where the facts of drug action are recorded are inaccessible to either, and here they are all brought together. We should not only commend this work, but show our esteem for it by devoting more attention to *Materia Medica*, in proportion as we did so, should we, as a school, accomplish better work.

Dr. ROTH, in seconding the motion, referred to the great amount of real hard work that Dr. Hughes and his collaborators had gone through in producing this volume, and the still greater amount that they had to do before it was completed, work that would occupy them for several years.

Dr. HEERMANN said it was the great wish of Dr. Hering to see this work done, because our *Materia Medica* is our basis and our apex; without it we are as nothing, with it we are everything. Hence this is one of the grandest works we can wish for, and the conclusions should be well weighed. There

were criticisms upon the name *Materia Medica* of the future, and it had been said that the eliminations had been too great. The cures by the pellet have been put aside ; yet this is some of the experience of the past which we should have done badly without. This is not in place in the body of *Materia Medica Pura*, but it might be put at the foot of the page. Dr. Heermann met with a patient who had a symptom outside the body haunting her. He had found it in three instances as a result of *sepia*. He had found an individual who saw white with his right eye. Under *phos.* he found there was white vision with the right eye, and also the arteries were out of order. This led him to the arteries, and he found anæmia. This experience he put at the bottom of the page. Again, he found a line of demarcation had been agreed to ; but some persons were so susceptible that the 3rd and 6th have no effect, but going to the 100th or 1000th symptoms appeared which you get in no one else. He would put these at the bottom of the page as an *addendum*. This work would be the basis of the *Materia Medica Pura*, but it did not go so far as it would. What was wanting in all pure *Materia Medica*s was the experience of our forefathers. This distinguished some of the earlier works. The great desideratum is to know that such medicines have such and such symptoms arising from certain organs. Our *Materia Medica* some day will arrive at this. As illustrating what he intended to convey, Dr. Hughes had recorded a very striking case, of which he would ask him to give them an outline.

Dr. HUGHES said it was a case showing that symptoms in the schema might not correspond with actual conditions. A lady was suffering from gall-stones. She had, he said, had severe salivation in all her pregnancies, and now the same salivation appeared again. A medical friend prescribed *kali bichrom.* for the salivation. Dr. Hughes objected, on the ground that its salivation was only part of the general sickness and nausea produced by massive doses, and not a pure pathogenetic effect. No result followed. When *kali iod.* was given cure speedily followed, this medicine having very decided power of causing salivation specifically.

Dr. HEERMANN resumed. If we have a *Materia Medica*, without experience being also recorded, students will be apt to attach too much importance to a single symptom without getting at the real pathological condition produced by the drug. We require for this that the experience of our forefathers should not be left out of view, and that the meaning of each symptom pathologically should be sought. Besides, we require the schema. The schema has this advantage, it is much easier

to refer to than this book, and almost the whole of the symptoms are more easily reached.

Dr. SIMON said he had received from Dr. Gailliard the following facts. Dr. Attomyr told him that he had experimented with six drugs, and they had produced identical effects, fever, erythema, etc. What can we conclude from this? That Dr. Attomyr had a peculiar constitution. Therefore he requested all provers to note their temperaments, susceptibilities and the diseases they had previously suffered from. Dr. Hughes did not allow that symptoms admit of indefinite groupings. For example, a pain at the lower end of the shoulder-blade accompanies generally liver disease, and *rice versa*. The bizarre symptoms noted by some provers should not be neglected. He instanced a case of facial neuralgia, in which cold water in the mouth relieved the patient, the pain coming back more violently when the water got warm. *Bismuth* had this symptom, and cured the case in forty-eight hours. He thought the schema necessary, and was to be compared to a dictionary in learning a language. We did not commence to learn a language by reading a dictionary, but it is indispensable all the same.

Dr. RUNNELS gave his hearty support to this work. It was not final. (Hear, hear.) It was a fair beginning along the right way. It was somewhat in the nature of a compromise. What was left out would not be lost. (Hear, hear.) We didn't lose anything. We are gaining ground. Speaking of symptoms from dilutions above the 6th potency, he thought the editors had done rightly to record such symptoms when also observed from provings both above and below. In reference to the case of Dr. Simon, he said he had cured facial neuralgia of the head with *coffea* 80 with great rapidity.

Dr. SCHMITZ said that criticism had been directed to imperfections in the *Cyclopadia*. Criticism was easy, but art difficult. No one could pretend that this work was without imperfections, no work on *Materia Medica*, not even that of the founder of our doctrine, was free from error. One objection raised to the *Cyclopadia* has been that no symptom attributed to dilutions above the 6th centesimal were admitted. But it must be remembered that Hahnemann himself defined a limit—the 80th—beyond which he did not recognise a power to excite symptoms. At the same time Dr. Schmitz himself did recognise both the utility and reality of pathogenetic symptoms obtained from higher dilutions than the sixth. Another objection which had been alleged was the form in which the symptoms had been presented, and the abandonment of the anatomical schema. He had already said that the *Materia Medica* of Hahnemann was not free from imperfections. The

proof of this appeared when one had carefully read some of the experiments made on persons with skin eruptions, piles, on epileptics, sufferers from migraine, &c., all conditions recognised as morbid states, indicating constitutional disturbance. Dr. Schmitz then quoted from the pathogenesis of several medicines, *agaricus*, *anacardium*, *alumen*, &c., to substantiate his statement, showing that many of the symptoms recorded by Hahnemann were not obtained from healthy persons.

Dr. MOSSA said that this work was to be looked at both from the scientific and the practical standpoint. As a scientific work it was a great one, and at the same time it was of great practical utility. It offered to the student as well as to the practitioner of medicine a source of information as to the action of drugs of the greatest possible importance. At the same time as a collection of carefully observed facts it was valuable to the professors in the Universities and Colleges of the old school. He thought that they would find great treasure in it, and would prize it highly when they came to know that to be conversant with the positive effects of drugs was to become familiar with their curative effects as well. Dr. MOSSA concluded by eulogising the great learning possessed by his former teacher, Dr. GROSS, whose critical knowledge of the *Materia Medica* was very great.

Dr. POPE expressed the gratification all must feel who have taken any part, however small it might be, in the production of this great work, at the reception it had met with from the members of that Convention. He thought that it was nothing more than was due to Dr. HUGHES that it should be generally known that, though his name on the title page was only one of eight other physicians, still the great bulk of the work had been done by him. With regard to the criticisms of Dr. HEERMANN, he was distinctly of opinion that all mere clinical symptoms should be omitted from a work of the kind before them, for it was one which ought to be rigidly closed to everything except the record of symptoms produced by drugs. Clinical symptoms had their value and their place in medical literature, but this was in therapeutic commentaries, not in a *Materia Medica Pura*. Moreover, all clinical symptoms—symptoms which had disappeared from a patient after the administration of a drug, but had not been known to have been produced by it—should be received with caution, and not trusted too far, unless they had been confirmed by others than the first observer. We could not too constantly remember that *post hoc* was not always *propter hoc*. Dr. DRYSDALE argued in favour of pure *Materia Medica* being combined with commentaries. To this he could not subscribe. A pure *Materia Medica* ought to be a record of facts; a therapeutic commen-

tary was one of conclusions drawn from such facts. They were separate works, both equally important for practical medicine, but nevertheless distinct.

Dr. CLARKE said that he had much sympathy with the remarks of Dr. Heermann. He felt the work was open to criticism on many sides; and he had a great desire, when possible, to have everything in a single book. But it was not possible in such a case as this. Compromise was necessary; and, judged from the fallible human standpoint, the work was simply a magnificent one. There was no reason why those who approved of provings with the higher dilutions should not collect them; and no reason why those who approved of clinical symptoms should not also collect them. He regarded the *Cyclopædia* as a foundation work. It was not the whole of our foundation, but it was a good half of it. Clinical experience was the other half. He did not look upon this as a work to be put into the hands of students already suffering from the effects of "over-pressure," but as a work for the teachers of *Materia Medica* to work upon, and to digest (with the other works of therapeutics) for the benefit of their students, in the text-books they put into their hands. These text-books should be primers to introduce students to the practice of their art, to the proper use of the *Cyclopædia*, the schema, and other works in constant use amongst us. He could not shut his eyes to the value of clinical symptoms, with the *Chronic Diseases* of Hahnemann before him, and the multitudinous confirmations of them. He joined with Dr. Pope in his admiration of Dr. Hughes, and the manner in which he had fought for the work, often against great opposition, on both sides of the Atlantic. He had watched Dr. Hughes for years, and the way in which he had overcome all obstacles, and made the execution of the work practicable, he regarded as wholly admirable.

Dr. BLACK NOBLE said that the junior practitioners of homoeopathy were watching the progress of this work with the deepest interest. It was, he thought, absurd to compare the value of these complete records, the symptom given in their natural sequence with the anatomical schema. Dr. Hughes' work on *Pharmacodynamics* had done more, far more to make converts to homoeopathy than the *Materia Medica* conveyed in schema form had ever done. Bartholow, Ringer and Brunton had not derived the therapeutics they dealt out to their readers from a schematic *Materia Medica*, but from Dr. Hughes' *Pharmacodynamics*.

Dr. ROTH pointed out that Dr. David Roth was the first who had the courage, forty years ago, to stand up against the conception of the *Materia Medica*. Hahnemann's second wife

called him "the poisonous serpent" on account of his fearless criticism. Dr. D. Roth's great work was *Clinique Médicale Homœopathique*, in which cases of cure by single remedies were collected. Among the provers of Hahnemann one was always M. Langhammer; the symptoms he published were real symptoms, but they were the symptoms of his sickness and not of the medicines.

Dr. HUGHES, who was received with loud cheers, thanked the assembly for the appreciative reception accorded to this work. This would enable him to go back to it with renewed heart, and he hoped that at the next quinquennial meeting the whole of the four volumes would be completed and presented. In answer to Dr. Heermann, he said that Dr. Bunnels had anticipated his reply. When the work was complete it was intended to add an index such as Dr. Drysdale suggested, and a companion volume embodying clinical experience would be appended. The work was only a foundation, but he hoped it was a strong and firm one. (Loud cheers.)

Dr. MEYHOFFER said he did not care to criticise. In all pathogeneses there was one point missing, it was that in the various experiments made on men there was rarely an analysis of one of our most important excretions, the urine, which showed the variations taking place in nutrition. This should be accurately attended to in future. The specific gravity and abnormal elements should all be accurately considered. He was led to this result by the case of a patient whose urine contained sugar, but on analysing it the salts were much below the usual standard. The use of *arsenic* in two or three days increased the quantity of the salts, and the sugar diminished. In this case the specific gravity did not indicate the quantity of sugar but the poverty of salts, and, if no attention had been paid to the latter, error would have resulted. Hence in all provings the necessity of care in this respect should be regarded.

The PRESIDENT then put the following resolution, which had been proposed by Dr. Hobart and seconded by Dr. Roth:—

"That we do most heartily endorse the *Cyclopaedia of Drug Pathogenesis*; and that we also tender our sincere thanks to Dr. Hughes and his fellow workers for their most excellent and indefatigable labours in preparing this great and exceedingly important work upon *Materia Medica*."

It was carried unanimously.

He then called on Dr. Clarke to read the *résumé* of his paper, which appears at page 484.

Dr. CLARKE amplified this summary in some particulars.

Dr. MOSSA mentioned that Professor Eulenburg, in his work on the sympathetic, has mentioned a form of angina pectoris due to nicotism, where the pain ceases as soon as tobacco is

left off. In animals the effects were similar to those of *digitalis*, but all the animals were first poisoned by *curare*, which rather vitiated the conclusions derived from them.

Dr. RUNNELS regretted that the meeting had not heard the paper in full. It was a very important subject, and one on which there was much to be said. We shall have to make a more definite record. Whenever we say anything against the habit, we encounter the prejudices of large numbers of nicotists, who say we are fanatics; they have smoked for years, and it has never hurt them in the least. Close analysis will show them that it has hurt them, and has left its mark. The chief criticism he had to make on drug symptoms was that they are often taken from provers under the influence of a much stronger drug (as tobacco), than the one they are proving. Nicotists say it does not hurt them. He mentioned that they were generally affected by piles, liver or heart disease, or what is called in America, for want of another name, "malaria." One could often trace the effects of tobacco into the next generation. Many cases of anæmia, dysmenorrhœa, and epilepsy in children were due to nicotism in parents. This was only one example. Tea and coffee are others. Dyspepsia, functional disease of the heart, and other maladies, are induced by the use of these. We took black coffee to antidote opium, and if it was potent enough for this, the habitual use of it must give us a proving. Let us never take provings from persons who are bound hand and foot to some poisonous drug.

Dr. COOPER had given consideration to this subject from time to time. He could, with Kingsley, say with all reverence that when the Great Architect of all things created the world He created nothing better than tobacco. He believed that the human race had benefited by nothing so much as by tobacco. He acknowledged that evil was done by tobacco, but he thought the habit of expectorating was the chief evil. He said there was nothing that would not by the abuse of it do harm. One of the most remarkable things was the enormous quantities that could be taken without visible effects. He referred to the habits of sailors, who were perpetually chewing, and mentioned a case in which a person left it off without the smallest difficulty after taking it daily, and in excess, for fifty years. Tobacco was not so much used as it ought to be in medicine. He hoped to give an account of the medicinal use of the drug together with that of *lobelia* some day. If given in high dilution it would produce pathogenetic effects, but if given in the crude form it did less harm than any herb under the canopy of heaven.

Dr. SCHADLER rather agreed with Dr. Cooper than Dr. Runnels; he was no friend of tobacco, but he mentioned that Hahnemann smoked continually. Dr. Schädler's grandfather lived to ninety, and smoked till within a week of his death. There were cases in which the effects were bad. A colleague of his at Thun suffered with angina pectoris; it was traced to the influence of tobacco, and on this being abandoned he had no return of it. He was himself no smoker.

Dr. HEERMANN said there were great differences in different cases of tobacco poisoning. *Staphysagria* was sometimes needed for the severe anæmia caused by it, sometimes *cocculus* or *arsenic*. *Phosphorus* had cured one case of nicotism in his practice where there was intense anæmia of the brain.

Dr. MOSSA mentioned, in reply to Dr. Cooper, that it was not a bad habit to expectorate if you smoked, for as the smoke acted on the salivary glands expectoration became necessary to prevent retention of the nicotine.

Dr. NEILD said he was obliged to Dr. Clarke for introducing this subject. He endorsed his experience, and agreed with what Dr. Runnels had said. Dr. Cooper's arguments in favour of using tobacco would apply equally well to the use of *arsenic*, *opium*, and *cannabis*. The case mentioned by Dr. Cooper was an exception to the general rule, as most persons suffered much in giving up tobacco, especially from want of sleep and constipation. To those long habituated to it, it became a necessary drug.

Dr. CLARKE (in reply) thanked the Congress for the kind reception they had given to his paper, and said that if gentlemen had had the opportunity of reading it *in extenso*, they would have found that he had merely stated the facts of his experience, and had drawn no inferences as to the habit in itself; but if the facts were found to lead to inferences condemnatory of the habit which Dr. Cooper seemed to anticipate, he had no objection. The points raised by Dr. Cooper were for the most part anticipated by the substance of the paper. He had used the terms "nicotism" and "nicotist," to avoid the use of cumbrous phrases, since all tobacco takers did not smoke, some of them taking snuff and others chewing. The case named by Dr. Cooper proved nothing, any more than did that of Professor Hamilton of Edinburgh, who could take enormous quantities of laudanum without experiencing any effect at all. Dr. Clarke said that in his paper he had specially mentioned that his observations were confined to the effect of the tobacco used in England and by British subjects. He quoted a story of a German doctor (told him by a colleague who was present at the consultation), who, whilst wrapping up powders for a patient, smoking all the while and blowing



clouds of smoke into them, was very particular to warn the patient to be extremely careful to keep the medicine out of the reach of any strong smelling substances. When the patient had gone, the narrator of the story asked the doctor what was the good of his instructions when he was all the time smoking into the powders. "Oh!" said the doctor, "that is not of the least account, tobacco smoke is the natural atmosphere of a German."

This concluded the proceedings of the second morning. During the afternoon a sectional meeting was held, when Mr. WYBORN read an important paper on the necessity which existed for an International Pharmacopœia. The report of this we are obliged to postpone until next month.

#### SECOND EVENING.

The official toasts of this evening were, as on the first evening, three in number: "Homœopathic Hospitals and Dispensaries the World Over," which was proposed by Major Vaughan Morgan, and responded to by Dr. Hobart; "Homœopathic Societies," proposed by Dr. Heermann, and replied to by Dr. Runnels; and lastly, "Homœopathic Journals and Literature." Dr. Lembreghts, *jr*, proposed the last, and coupled with it the names of Drs. Pope, Clarke, Simon, and Oscar Hansen. Each of these gentlemen spoke in reply. The unofficial toasts were, "The Health of the Chief Editor of the *Cyclopædia*, Dr. Hughes," proposed by Dr. Heermann; and "The Prosperity of Homœopathic Pharmacy," proposed by Dr. Hughes and responded to by Mr. John Wyborn.

#### THIRD DAY.—Thursday, August 5th.

Dr. D. HANSEN, of Copenhagen, presented his paper on *Sepia*, and its Importance as a Remedy in Pulmonary Affections, an abstract of which appeared at page 486 of our last number. In doing so, he said that in the cases he had adduced, chronic induration of the lungs was present and sympathetic with uterine affection. In all the patients had had children, one a large family, and in each there was infiltration about the apex. It was not enough to prescribe according to pathology, but the symptoms must be studied carefully. Stitches in upper part of the lungs under the clavicle, going along to the third rib, was a characteristic symptom. Another characteristic was hæmoptysis, which disappears on beginning to walk. A sensation of emptiness was also an indication. In the family of one of the patients there was a death from tuberculosis. All three recovered. Another characteristic symptom was pain in the occiput. This was sympathetic with uterine affections. One of the patients suffered from œzœna, another

from psoriasis. *Sepia* did good generally, and cured each of them, though other medicines and cod-liver oil had previously been used in vain.

Dr. MEYHOFFER added that one characteristic symptom was pain on the left side of forehead and eye, which is sympathetic with the uterus. When ladies (whether married or single) coming of parents of tubercular tendency were affected with diseases of the womb for a longer or shorter time, you might conclude that there would be affections of the lungs, and then, as Dr. Hansen has said, *sepia* will be found one of the most effectual remedies; while remedies directed to the lungs alone will fail to touch them. As to the particular pain on the third rib on the left side, this was corroborative, but of only secondary importance. In chronic congestion of the lungs in ladies who suffer from leucorrhœa or other uterine affections, *sepia* was one of the most efficient medicines. Dr. Meyhoffer generally used the second and third decimal tinctures.

Dr. MOSSA mentioned that an additional indication for *sepia* was chronic peritonitis in ladies after gonorrhœa contracted from their husbands. There was often congestion of the lungs as well, and *sepia* was then more useful than *thuja*.

Dr. COWL confirmed Dr. Mossa's observation of peritonitis consequent on gonorrhœa in married women, being much more severe than in unmarried. In one case he had known it to prove fatal. *Sepia* he had used with considerable benefit in a number of cases, but he had seen more good from *pulsatilla*, and where there was acidity from *sabina*. He trusted more to general treatment and consideration of general symptoms than to local treatment. In the latter he used glycerine on a cotton tampon. He thought the limited use of pessaries was useful, but that the abuse of them had done immense harm.

Dr. RUNNELS had seen excellent results, in the treatment of uterine disease, from the use of *sepia*. Some observations had been made about local applications. While by general treatment we could do an immense deal of good, and while there was too strong a tendency at the present time to resort to local and operative measures, at the same time it was necessary to distinguish between cases; for there were cases where surgical interference was necessary in order to cure definitely and completely. He referred, as an illustration, to one case, which he treated by internal remedies alone. The patient left him apparently cured. In a few months she returned to him, nearly as ill as she had been at first. Again she appeared to be cured, but again she returned, after a short time; and then he resorted to local measures to remedy the laceration of the cervix which existed. This kind of thing had repeatedly occurred to him: its possibility, therefore, must be recog-

nised, and local treatment admitted to have a place in our therapeutics.

Dr. SCHADLER confirmed Dr. Hansen's observations, and remarked on the intuition displayed by Hahnemann in indicating the therapeutic sphere of *sepia*, and added that it was from observing the action of the medicine in high dilutions that his observation had been made.

Dr. HUGHES could not quite agree with Dr. Schädler here. The proving of *sepia* was in the first edition of the *Chronic Diseases*. The symptoms there recorded were observed on patients taking it in dilutions from the 3rd upwards, but chiefly in the 3rd. In the second edition about 400 symptoms were added, and these were attributable to the 80th dilution—but fully three-fourths were from the lower attenuations.

Dr. HANSEN in reply ascribed the introduction of *sepia* as a remedy in pulmonary disease to Dr. Kunkel, of Kiel. Carroll Dunham had pointed out that in the early provings no uterine examinations had been made.

Dr. COOPER was then called upon to present his paper entitled *Far Disease and Gout*, of which an abstract appears at page 486 of our August number. In doing so

Dr. COOPER said that one of his objects in bringing forward this paper was to put the meeting in possession of a knowledge of the use of *picrate of iron*. It has the singular property among iron salts of having a strong hepatic action. Last year he was engaged in a study of *Vascular Deafness*. There were three common forms of deafness described: (1) Obstructive, which is the only one really described in ordinary textbooks. (2) There was nervous deafness, and (3) the one he had described, *Vascular Deafness*. These three might be singled out by Hahnemann's method. The first goes and comes suddenly; the second comes suddenly, and may go away as suddenly. The third always comes on gradually, owing to an enfeeblement of the vascular system. Dr. Cooper had shown in relation to noises in the head that there were two kinds—throbbing and musical; the former were produced by the condition of the arterial, the latter by that of the venous circulation. The former is curable, but takes a long time to cure. A slight degree of this deafness is very serious, but need not be so in the other cases.

Dr. MEYHOFFER asked Dr. Cooper if there were no purely nervous noises with vascular derangement.

Dr. COOPER said it was difficult to say, but he did not think a pure affection of the auditory nerve could of itself give rise to noises. Dr. Cooper's argument was that the auditory nerve could not generate noises, but only register them. ("Hear, hear," from Dr. Hughes.)

Dr. COWL asked Dr. Cooper if this kind of deafness was easily discovered.

Dr. CLARKE thought there was much credit due to Dr. Cooper for working out this subject; but did not think it fully settled at present. He had hoped to have heard more about gout, but he concluded that Dr. Cooper considered gouty affections to be of the vascular type. His experience did not agree with Dr. Cooper's contention that nervous deafness always came on suddenly.

Dr. COOPER said, in reply to Dr. Cowl, that the diagnosis of obstructed deafness was not difficult. Dr. Clarke's criticism was just and appropriate. The really typical deafness came on suddenly. It came by leaps and bounds; and was more irregular. A lady, left alone in a house, had a fright. She became perfectly deaf, but recovered hearing when the fright had passed. A clergyman came complaining of deafness of his left ear. He could hear four inches on the left side; and when proceeding to examine the right ear the patient objected, as he had been perfectly deaf on that side for twenty-five years. Dr. Cooper gave *Picrate of Iron 8x*, and in three weeks he heard perfectly well. He concluded there was gouty eczema in the meatus. He used the 8x, 6x, and 12x dilutions in gouty cases. The indications were—gouty dyspepsia, dirty tongue, constipation, biliousness, great weight on the chest, gouty lameness, and corns present on the feet. He noticed this last in a patient to whom he was giving it. He had given it in cases of painful corns with greater effect than anything else.

Dr. BATAULT thought that it would be better to divide nervous deafness into two forms—hysterical and sclerotic. He thought the case of deafness after fright was an hysterical case. The case of sclerosis could hardly be called vascular.

#### LES MENINGITIS PSORIQUE.

Dr. SCHMITZ was now called on to present his paper on *La Psore Meningée Cérébrale*, and read the *précis* given on p. 485 of our last number.

Dr. SIMON agreed with Dr. Schmitz on the psoric origin of many cases of meningitis. He gave psora a more general meaning than Hahnemann. He mentioned the case of a child, between eight and nine months old, suffering for a long time from eczema of the scalp. There was great itching, much secretion. *Viola Tric.* 6 and 12 were given, and the infant was cured rapidly, but then became comatose, and remained drowsy all the day. He now gave *opium* and *sulphur*, and the baby improved, and at the same time the eruption came back, but not so severely as before. After a month it was cured of

both. The eczema did not completely disappear under the *ciola*. He did not dare give this medicine again.

Dr. MOSSA asked if the cases were acute or chronic, and was answered that they were acute.

Dr. CASH asked Dr. Schmitz if he did not find *calcareo* and *silica* of use in the acute meningitis. He had come to look upon *calcareo* in rachitic subjects as one of the surest things in homœopathy. The 80th dilution he preferred.

Dr. SCHMITZ said there was one case in his paper in which *calcareo* was used in a high dilution.

Dr. HUGHES asked if Dr. Cash spoke of inflammatory cases or chronic hydrocephalic cases.

Dr. CASH said he referred to the early stages of inflammatory cases and also to chronic hydrocephalitis.

Dr. HUGHES then spoke on the use of the term psoric. Dr. Simon had said that he would retain the term, and divided it into three classes—herpetism, arthritis or gout, and scrofula. He thought it unfortunate to retain psora as the generic term, since one could not disengage it from scabies. The sooner we dropped the name the better; while allowing for the insight of Hahnemann and the truth in his doctrine, we must allow that in this respect—its supposed relation to itch—it was ill-founded. Dr. Schmitz was to be congratulated on having given us a very useful classification of these cases. Were there any signs by which we might discover the hopeful cases? If we could gather from Dr. Schmitz which they were it would be a great gain.

Dr. COOPER frequently met with meningitis connected with ear diseases, especially in children. They generally recovered. Two remedies he had had good results from—*kali iod.* 80, which was more useful in this dilution than in a lower, and *terebinth* in 8x and 12x. When there was diarrhoea or mesenteric affection, *arsenic iodide* was the best. As regarded psora, he had instituted an inquiry into the action of *sulphur*, especially in West Indian fever. By looking at Hahnemann's *Chronic Diseases* in search of a remedy for this disease, he came on *sulphur*, and used it with great success. He believed that it did good by remedying the chronic dyscrasia engendered by the fever.

Dr. NOBLE was glad Dr. Schmitz had drawn our attention to this form of meningitis; but he objected to the term psoric. Dr. Schmitz's cases would all come under the herpetic variety. He had had two cases of eczema impetigo rapidly cured by *hepar*, but in both meningitis came on, and with fatal results.

Dr. COWL believed there was a kind of meningitis distinct from the tuberculous, and yet not simple. Regarding the

term psora, he had been much opposed to it, but further study had led him to regard the term as less objectionable than he at first thought it to be. Psora was a wide term, and included in Hahnemann's day other skin affections besides itch, especially eczema which was attended with much itching. He thought the theory was well founded, and that it was supported by recent discoveries respecting the tubercle bacillus. He said the itch insect was not known in Hahnemann's time.

Dr. POPE pointed out that Dr. Cowl's history was a little defective, as Hahnemann was perfectly acquainted with the itch insect, and published a pamphlet in which the *acarus scabei* was accurately figured; but he believed that it was only in certain persons, in certain conditions of health, that the insect could produce the eruption: and it was this condition of health to which Hahnemann attached so much importance, and to which he gave the name psora.

Dr. SCHMITZ (in reply) said that in using the term psora he did not mean to refer to the itch, and in future would prefer to call it "excrementitial."

Dr. MEYHOFFER said he would prefer to call the disease "diathetic," as "excrementitial" was too artificial a term.

REPORT OF A CASE OF MEASLES, FOLLOWED BY DIPHTHERIA, AND COMPLICATED WITH WHOOPING COUGH. POST-DIPHTHERITIC PARALYSIS. RECOVERY.

Dr. CASH thought he ought to apologise for his simple clinical paper. He would divide the case into two parts and speak of its complications. The throat symptoms pointed at first to scarlet fever, and the skin to measles. The state of the throat was explained by the diphtheria, which seemed to run parallel with the measles. Excessive prostration came on early, and paralysis affecting the heart, causing fits of syncope. Dr. Cash then read the epitome which appears at p. 487 of our August number.

Dr. MEYHOFFER asked about the diet.

Dr. CASH said for a week it was supported by nutritive enemata of beef tea and milk; otherwise it had milk, beef tea, and a little port wine.

Dr. SIMON thought the Congress much indebted to Dr. Cash for bringing forward the case. The patient evidently had two distinct diseases. The result amply justified the treatment.

Dr. NIELD endorsed Dr. Simon's expression of thanks. He wished to add his testimony to the value of *cyanide of mercury*, especially when there was much adynamia. The 3x trit. had done most for him. One case was interesting as being watched by an allopath. It occurred in a child living at a considerable distance from Dr. Nield, who was called in when the allopath had given the case up. The allopathic doctor

sent reports to Dr. Nield after the first visit, when they consulted together. *Merc. bin.* was given at first. There was no improvement. The next morning the pulse was 120; respiration 80; temperature 105. He sent *merc. cyan.*, and in a very short time the child was convalescent. Some time after the child had typhoid fever, and the allopathic doctor who was in attendance was very anxious to give the same medicine!

Dr. POPE thought one of the most satisfactory things in the case was the action of *merc. cyan.* on the cardiac adynamia. It was often difficult to know how long the danger from this might exist. He mentioned a case in which death occurred during convalescence, though there had been no symptoms of danger for ten days. The patient was a young lad of 16 or 17, who had gone out to the United States to learn farming. He was strong, active and energetic. He had a severe attack of diphtheria, from which he appeared to recover and became able to get about. Ten days later he died suddenly, apparently in a faint. There could, Dr. Pope thought, be no doubt but that his natural activity had been fatal to him. This case conveyed the very important lesson that it was necessary to keep convalescents from the disease absolutely quiet, much longer than they were disposed to be. Dr. Pope would use the *biniodide* when the tonsils were large, and the coating was slimy; the *cyanide* when the membrane was leathery and *merc. iod.* when there was much ulceration. The serpent poisons were of great importance in controlling the adynamia.

Dr. HOBART also commended the paper as highly practical. He was much pleased with the attention given to the food. One food found of great use in America was the expressed grape juice. Regarding the remedies, *lachesis* in high dilutions was the one he had seen most valuable. *Merc. cor.* in certain seasons (*i.e.* in certain years, which could not be specified) had been the best remedy for diphtheria. He had used a spray of the same remedy, one part to 4,000 or 5,000 of water, or of alcohol and water. The matter of rest, where there are symptoms of paralysis, is of the greatest importance, and he mentioned a case in point, in which lifting the child about contrary to his instructions had led to fatal results.

Dr. SIMON spoke of *phosphorus* as a remedy for diphtheritic paralysis; also *lachesis* the characteristic symptom being when the patient is suddenly threatened with suffocation.

Dr. LESEURE said nourishment was prescribed in this disease like medicines. The question of the hybrid between measles and scarlatina had caused much confusion in the

States, and he wished to know what had been their experience in Europe.

Dr. RUNNELS mentioned the case of a child which he had diagnosed to be one of what they called in America "Dutch measles," though the parents doubted his diagnosis. Within nine months it had most severe scarlatina, and six months later it had genuine measles.

Dr. HUGHES emphasised the great importance of the *cyanide of mercury*. It really reflected great credit on Dr. Beck, of Monthey in Switzerland, and Dr. Villers, late of St. Petersburg, now of Germany, who brought it forward in practice. Dr. Beck noticed the effect of the drug in producing diphtheritic conditions, and Dr. Villers put it into practice. Dr. Villers wrote an essay for the prize offered by the Empress of Germany after the death of the Princess Alice; but it was not recognised, since it came from a homœopathic source. This formed one more of those many lamentable instances of allopathic bigotry which have done so much to obstruct therapeutic progress. He also pointed out the evidence of its value in all dilutions.

Dr. MEYHOFFER answered Dr. Leseure in reference to the relation of rotheln to scarlatina and measles. On the Continent when measles prevail, whooping-cough, rotheln, and scarlatina generally prevailed at the same time, showing a relationship, if not an identity, between the poison of each.

Dr. CASH (in reply) said he expected criticism for the irregular treatment of the case, but the case was irregular. The whooping cough was a very serious complication. It was often necessary to rouse the mother to a sense of the need to prolong her exertions. She became almost apathetic.

The PRESIDENT then adjourned the meeting until the afternoon.

#### AFTERNOON MEETING.—August 5th.

The PRESIDENT having opened the meeting, letters from Dr. Ludlam, of Chicago, and others, were read by Dr. Hughes, wishing success to the meeting, and regretting their inability to be present.

Dr. Gallivardin reported by letter that he had followed out his investigations in respect to the influence of homœopathy on the temperament, and had met with much success.

Dr. Villers wrote requesting information on epilepsy, which he was studying. He resided near Leipsic.

Dr. Schlegel wrote a letter protesting against the action of the editor of the *Allgemeine Hom. Zeitung* in snubbing this Congress. Another was from Dr. Meiner, of Albertsbad. The last letter was from Dr. Gailliard, of Brussels, writing to excuse himself from attending on account of family affliction,



and protesting against the accusation that the Belgian homœopathists would not have been able to carry the Congress to a successful issue.

Dr. HUGHES then read a communication he had received from India, from Dr. Majumdar, showing the great advances being made by homœopathy in that country.

#### SELECTION OF PLACE OF MEETING.

Dr. POPE proposed that the next International Convention should be held in one of the Eastern States of America in 1891.

Dr. RUNNELS seconded the resolution, but would suggest that they should leave the selection of place to America, as the term "Eastern" referred only to a small strip of the country. "Eastern" was omitted from the proposal, it being understood that the meeting place would be as near Europe as possible, and the motion was then carried without a dissentient.

#### PERMANENT SECRETARY.

The President put it at once to the vote that Dr. Hughes should be re-elected, which was done by acclamation.

Dr. POPE, reading the terms of the original appointment from the Transactions of the 1881 meeting, said there was no necessity for re-election, as the office was permanent.

Dr. HUGHES, in accepting, said he thought it better that the secretary should be elected at each Congress.

Dr. LESEURE asked about the finances.

Dr. HUGHES said that we were in a peculiar position. The doctors of the country who invited the others usually took upon themselves all the expenses. On this occasion it had been felt best to leave it open to those who wished to subscribe to do so. The treasurer reported £8 as having been received, and also £80 from America. Dr. Clarke had received £5 and promises of £8 more. The expenses of this meeting would not be great. The proprietor had given them the use of the room. The main expenses had been for printing, and the future charges will be those of publishing the Transactions. Dr. Roth had suggested that they should appear in the *Homœopathic Review* first, which would further reduce the expenses.

Dr. RUNNELS asked whether those who subscribed in America would be entitled to a copy of the Transactions?

Dr. HUGHES said every subscriber would receive a copy of the Transactions.

Dr. HUGHES reported resolutions passed at sectional meetings regarding Over Pressure in Schools and the desira-

bility of an International Homœopathic Pharmacopœia, and the appointment of a Pharmacopœia Commission, Dr. Cowl (New York), Dr. Giesecker (Dresden), and Mr. John Wyborn (London) being nominated. Both resolutions were passed unanimously.

There being no other miscellaneous business, the meeting proceeded to consider Dr. Kafka's paper on Diabetes Mellitus, of which the *précis* appears at p. 484 of our last number.

Dr. HUGHES then presented a paper by Dr. Ozanam, of Paris, of which the following is a *précis* :—

Cases from practice by DR. CH. OZANAM, Paris, France.

(1.) Dr. Ozanam first treats of polypus occurring in the rectum and larynx. For those of fibrous or cancerous kind he urges operation as the only practicable course; but for the mucous and papillomatous varieties he thinks we have resources in medicine. He relates cases illustrative of these statements. In two of these papilloma of the rectum in children disappeared or came away under *kali bromatum* 1x, 3 to 5 grammes daily. Next come five cases of laryngeal polypus, chiefly treated by operation, but in one case disappearing under *berberis* in various dilutions. The instruments used in one of the operations were invented by Dr. Ozanam himself, and he has sent engravings illustrative of them.

(2.) The author next calls attention to the value of *guaiacum* in acute angina tonsillaris. He admits that it is from the old school, and in substantial doses, that its reputation has come; but thinks it homœopathically indicated by the symptom in its pathogenesis—"burning pain in the throat;" and finds it perfectly effective in the dilutions from 1x to 3. He gives three cases illustrative of its action, in one of which its happy effects appear in contrast with the ordinary treatment pursued in another instance in the same subjects.

(3.) Dr. Ozanam finally records a case in which a chronic dysentery occurring during pregnancy, was then checked, reappeared after delivery with a yet greater intensity, and refused to yield to any treatment for a month. Then supervened a purpuric condition, with scorbutic gums, syncopes, etc. At this point *eryotin* 1st was prescribed, a drop every two hours; immediate improvement set in, both dysenteric and scorbutic symptoms disappeared. A proctalgia which had complicated the case remained behind, but yielded readily to *asculine*, the alkaloid of *asculus hippocastanum*, which Dr. Ozanam finds more effective than the matrix substance.

Dr. HUGHES said that Dr. Ozanam's paper came to him late. The cases were of great interest, especially the one on the action of *guaiacum* on the throat. They would all be read with interest in the Transactions.

Dr. RUNNELS moved a hearty vote of thanks to our worthy President (loud cheers), and also to our worthy Vice-President (loud cheers), whose work during this Convention had, he said, reminded him of the day of Pentecost, when they had the gift of tongues, more than anything which had come within the range of his acquaintance. We were indebted to both alike, and they were as inseparable in our thanks as the Siamese twins were in themselves.

Dr. HUGHES put the vote, which was carried by acclamation.

Dr. MEYHOFFER said he could only thank the meeting most heartily for the vote. He had greatly enjoyed the Congress; solid work had been done, and he felt that all must carry away pleasant recollections of their association. He concluded by again expressing his thanks, and sat down amidst continued cheering.

Dr. SCHADLER (Berne) wished to express his personal thanks, and those of all his Swiss colleagues, who regretted that they had not been able to be present. In choosing Bâle the honorary secretary had done great honour to Switzerland. At the same time Bâle was appropriate. Bâle had produced men of mark in reform and medicine—Erasmus, Vesalius, Ecclampadius, and Paracelsus, the precursors of Hahnemann in the search for specifics in medicine.

Dr. ROTH (after translating Dr. Schädler's remarks) added his thanks to those of Dr. Meyhoffer, and said he wished he could have added more to the proceedings of the Congress than he had done. He was loudly applauded both on rising and resuming his seat.

Dr. SCHMITZ moved a vote of thanks to Dr. Hughes for his great labours in this Congress, and also to Dr. Clarke, who had worked so closely at his post of Assistant Secretary.

Dr. MEYHOFFER said he had already thanked Dr. Hughes, and he heartily wished him long life and health to complete his great work. The vote of thanks was carried by acclamation.

#### SOCIAL GATHERING.—*Thursday Evening, August 5th.*

The members of the Convention sat down to dinner on the last evening of the session in diminished numbers, but with an increased number of lady guests. As on the previous evenings, the proceedings were marked by the greatest cordiality and good fellowship. After the dinner two official toasts were proposed: "Our American Visitors," proposed by Dr. Pope, and replied to by Dr. Foster, of Kansas City; and "The President and Vice-President," proposed by Dr. Hughes, who compared them to twin stars, around whom the rest circled as a planetary system. Both toasts were drunk with

great enthusiasm, and the President and Vice-President were cheered long and loudly when they rose to reply. Dr. Meyhoffer expressed the great pleasure it had been to him to be present at the gathering, and concluded by wishing all a happy holiday. Dr. Roth said he had been very glad to assist in the proceedings of the Congress, and at the same time was pleased to have the opportunity of airing his pet hobbies. He wished prosperity to all.

After other informal toasts had been proposed, including the health of Dr. Hughes, chief editor of the *Cyclopadia*, of Dr. Pope, proposed by Dr. Runnels, Dr. Clarke, by Dr. Léon Simon, Dr. Hansen and our Danish colleagues, by Dr. Runnels, and responded to severally by these gentlemen, one of the most pleasant and most successful of meetings we have ever attended was brought to a close, amid many expressions of hope that those who were then separating would meet again in 1891, on the other side of the Atlantic.

We desire to acknowledge with many thanks the very great assistance we have received from Dr. J. H. Clarke, the Assistant-Secretary of the Convention, in preparing this report.

## NOTABILIA.

### AMONG THE AMERICAN HOMŒOPATHISTS.

*(From our Special Correspondent.)*

ARMED with your letter of introduction to the President, I attended the 43rd Annual Meeting of the American Institute of Homœopathy, held at Saratoga Springs, the premier watering place of this great country, and 182 miles from New York City. The Grand Union Hotel, which is without exception the largest and handsomest watering-place hostelry in the world (having accommodation for 2,000 guests), had been chosen as the head-quarters of this year's Convention. And if the shade of Hahnemann was hovering around on that occasion it must have been truly gratifying to see the magnificent and palatial abode in which his disciples were assembled. During their labours they were enveloped in an atmosphere of refinement, and basked in sunny elegance for five days.

This hotel presents a frontage to Broadway (the principal street of Saratoga) of no less than 800 feet, and boasts a dining hall 275 feet long by 60 feet wide, enriched with lustrous mirrors, which, on the evening of the banquet, reflected a brilliant scene of homœopathic festivity, seldom, if ever, equalled. Another mammoth room is the "saloon parlour," which is elaborately decorated and luxuriously furnished, and will compare favourably with any public drawing-room in the world.

The meetings were held in the ball-room of the hotel, a spacious and beautiful room, chastely adorned, its chief ornament being the large centennial painting representing the "Genius of America," which occupies the whole of one end of the room. But not more significant of the genius of the country was this picture than the assembly of some 350 enthusiastic homœopathists (including from 25 to 30 lady physicians) who, with keen faces and eagerly receptive minds, met in that hall to record their experiences and pick up fresh ideas. Some had come thousands of miles, and perhaps the average journey performed in behalf of homœopathy would not be less than the distance from Edinburgh to London.

The President, Dr. O. S. Runnels, ruled with a rod of iron—or rather, to be accurate, with a wooden mallet, which he wielded with the modesty of an auctioneer. In the discussions each speaker was allowed five minutes, and, no matter how interesting his remarks might be, the Presidential hammer would fall with relentless stroke whenever time was up, which rather knocked down the speaker if he did not chance to have got within sight of his point. This summary law, like those of nature, worked well on the whole for the benefit of the community, although it occasionally hit individuals hard. For whilst the plan imposed an effective *clôture* upon any members who, being of large calibre, are apt to become too much of a bore, it was always open to other members to propose that a specified extension of time be granted to a speaker cut down in the act of shedding valuable information. Such motions, when put to the vote, were commonly carried by acclamation. If the President wished to take part in the debate, he vacated his chair and delegated his despotic functions to a senior member; and, as showing the spirit of impartiality and love of order that prevailed, I may mention that once the President himself was suddenly arrested in the flood-tide of speech by his own sceptre. Of course a motion that he be allowed to finish was forthwith carried.

The session opened at 8.30 p.m. on June 28th, and this sitting was devoted to the hearing of reports. A notable occurrence that evening was the quick response to an appeal for subscriptions to aid in defraying expenses in connection with the World's Convention to be held at Basle, Switzerland, in August. After a letter from Dr. Hughes, of England, had been read, inviting the co-operation of the American Institute, a subscription list was started, when promises of five dollars each were given as fast as the President could name the donors.

On the first day, at the morning session, the President's address was delivered, in presence of nearly the entire representation. It was a stirring, thoughtful, and manly compo-

sition, breathing a spirit of wide catholicity and rebuking in a dignified manner those among homœopathists who, holding narrow or partial views, would consign to purgatory as heretics others who are guilty of the unpardonable sin of differing from them. "Strike with all your ability," said Dr. Runnels, "for that which you hold to be true, but generously accord your fellows the same privilege." Towards the close of his address the President made various suggestions in the direction of reform, and a committee was appointed to consider and report on these recommendations.

The regular business of the meeting, conducted in bureaus, was then entered upon; but, as these all convened in the one room, each bureau had to wait its turn for possession of the house. This arrangement, however suitable it may have been in the primitive stages of the Institute's history, has been found utterly incapable of doing justice to the wealth of talking power which a progressive association now has at command, and I was gratified to see that it was resolved to establish in future sectional bureaus, which shall have separate accommodation and work concurrently. As it happened, I was struck at this meeting with the fierce, though good-natured, competition which raged between the different bureaus for the time of the house. As soon as the limit fixed on the card for a particular bureau had been reached, a martial representative of the succeeding bureau would jump to his feet and make a motion to "close this bureau." Then would arise an amusing discussion between the opposing hosts, say of gynæcologists and psychologists as to the importance of their respective cults, each side showing their determination not to have their bureau shunted. When it was proposed to terminate the debate on obstetrics, a gallant member earned the smiles and applause of the ladies present by boldly declaring that women and their ailments were not going to be switched off. After this the opposition collapsed, for in this country the sterner sex have to take a back seat. It is *place aux dames* with a vengeance. Not less keen was the contention in individual bureaus for possession of the floor. There was no lack of speakers to carry on any debate. On the contrary, no sooner had the last word fallen from a speaker's lips than up sprang half a dozen members simultaneously, with an agility which betokened elastic physique, and almost suggested the sudden operation of some automatic, double-barreled, back-action projectile in their chairs. 'Twould have puzzled quicker eyes than those which sparkled in the President's head to determine which was entitled to the floor. This eagerness to speak was only one manifestation of the earnest spirit that animated the members. They had come together for work and work they did most

faithfully. The attendances were always good and hardly any time was spent in excursions. And yet we had plenty of fun.

Some members evinced quite a lively sense of humour. One, for instance, began his paper thus—"Telling the truth is like courting a widow, the thing can't possibly be overdone." Another, referring to impairment of the will as a test of insanity, quoted a case of perverted will power in a man who was haunted by the fear lest in an unguarded moment he should strangle his wife, and then the doctor parenthetically remarked that many of us feel like that at times. The papers read in the Psychological bureau were very able, and the conversation thereon most interesting. A paper on the "Heredity of Insanity" raised many side issues seldom openly discussed, and evoked curious individual opinions. The conversation drifted into such topics as the marriage of first cousins and the influence of similar or different temperaments in matrimonial alliances. It was generally agreed that the possession of opposite temperaments might tend to neutralise the effect of a consanguineous marriage. The author of the paper who, although condemning intermarriage as leading to degeneracy, had, when young, himself married his cousin, brought down the house when he emphatically declared that at the time he would have taken all the risks because he "loved her so." This piece of personal reminiscence elicited the hearty sympathy of the lady physicians. In the bureau of obstetrics the subject of maternal impressions cropped up, and some remarkable and striking instances were related of the influence of mental shock in the pregnant woman upon the offspring.

Perhaps the most entertaining debate of the whole session was that which took place in regard to the selection of a place of meeting for next year. Dr. Ludlam, of Chicago, made an amusing speech in favour of returning to Saratoga, where the earth, air, and especially the water were all that could be desired. He claimed that here there was ample space, rooms for the convention, and what someone called "contagious" rooms for the ladies and old folks while members were at work. The idea, he said, was not to sell out to railroads, nor to speculators who invite us to some new watering-place for the sake of advertising their scheme, as happened at Deer Park, where half the members had to lodge in the sleeping cars, and—not the least—to stop travelling from one end of the country to the other, like a menagerie, risking the lives of the animals and scandalising the whole concern, as was done last year at St. Louis.

On the last evening of the meeting, the hotel management gave a complimentary banquet to members of the Institute and their friends. The guests gathered in the drawing-room,

and shortly after eight the juniors, with their lady friends began to file into the sumptuous dining hall, which was specially arranged for the occasion. Then the seniors, *i.e.*, members of at least 25 years standing (who numbered 34), followed in a body, amongst them being Dr. Arunlphy of France, and your correspondent, who, as "distinguished visitors," were honoured with seats at the seniors' table. Never till that auspicious moment had I realised how easy 'tis to climb—

"The height where Fame's proud temple shines afar."

'Twas attained, however, at the risk of sea-sickness.

There were no toasts and no speeches—that is a relic of barbarism—and Dr. Dowling, who announced this welcome arrangement, remarked that he regretted so to do, seeing he had a speech ready made. The company then repaired to the drawing-room, where excellent music was rendered by Dr. Danforth's quartette party. I may add that Mrs. Danforth, who is an accomplished musician, contributed not a little during the visit to our enjoyment by her singing and playing. I had the pleasure of accompanying some of her songs. A band was provided, and the young folks, I included (notwithstanding my temporary seniority), soon sought the capacious ball-room, where they worshipped Terpsichore till early the following morning. Thus happily ended the only gaieties in which the Institute permitted itself to indulge.

I must not omit to mention my introduction to the army of veterans—so-called seniors. "The noblest Roman of them all" took me by the hand and presented me in turn to each. Then seating me in the midst of the hoary band, he informed me it was the custom, after initiation, either to sing a song or tell a story. I chose the latter alternative. Once started, tale succeeded tale till the fun "grew fast and furious." These homœopathic veterans are as genial and young-hearted as boys, and the buoyancy of their humour may be judged from the fact that all this spirit was kept up without drawing a cork. Why in England it would have taken a gallon of Irish whiskey to tell such stories!

As showing the strides homœopathy is making here, take the fact that there were delegates present from *eight* homœopathic medical colleges, also delegates from more than as many hospitals, and from twice as many dispensaries, and *thirteen* editors of different homœopathic journals. I had an "elegant time" amongst them, and feel grateful for the warmth of my reception.

Homœopathy here is not a "one horse concern" as it is in England, and the present was one of the most representative and satisfactory meetings the American Institute has ever had.



### KALI BICHROMICUM IN HEADACHE.

DR. HAZARD, of Salamanca, N.Y., in the *Medical Advance*, reports the following case :

“ Was called August 25th, 1883, at 1 a.m., to see Mrs. G—, aged 27, but having a case of labour on hand did not reach her until 5 a.m., when she was much better. She had been having a severe attack of headache, to which she had been subject all her life. It is evidently hereditary, as her mother has always been subject to sick and nervous headaches, and a sister has suffered for years in the same way. These attacks came on every few days, and for months had been continually growing more frequent and more severe. The pain was located chiefly in the forehead, just above the eyes; but there was likewise some in the occiput. It was so severe as to compel her to go to bed and remain perfectly quiet; was somewhat relieved by pressure and lying down. *Always before the attack she became blind.* The blindness lasted but a short time, and as it passed off the headache began with terrible violence. If the pain did not immediately appear, she would continue to have repeated attacks of blindness until the headache came on. The menstrual period is premature, and is always preceded for three or four days by one of these headaches. Has always been exceedingly nervous. Four years ago she lost her husband and only child, since which time she has been more nervous than ever.

“ From the relief from ‘keeping perfectly still,’ *bryonia* was given with but slight improvement. *Gelsemium* did no better. On the evening of August 27 I was again called and found the original condition greatly aggravated. Evidently the *simillimum* had not yet been found. The most peculiar symptom, and evidently the most important one for selecting the remedy, was the amaurosis which always preceded the headache and passed away as the headache appeared. I gave *kali bich.* 6x. In an hour and a half the pain had nearly ceased. She slept well that night, and had no return of the headache for nearly a month, when an attack was caused by walking four miles during her menstrual period. Since that attack, with the aid of an occasional dose of *ipnatia*, she has continued to steadily improve in health and strength, having had but one attack, and that a comparatively light one, in four months, and in neither of the two attacks since August 27 has she had amaurosis. Her last two menstrual periods have been regular. She eats well, sleeps well, is less nervous, feels better in every way, and enjoys life more than she has for years. And all this in spite of the fact, that an allopath had told her six months ago that she need expect no relief until after the

menopause. This case verifies our *Materia Medica* teaching in the University of Michigan, viz.: That the selection of the remedy is of the first importance, the vital question; the attenuation a matter of personal experience, a secondary affair altogether."

## NOTICES TO CORRESPONDENTS.

•• We cannot undertake to return rejected manuscripts.

We are requested to state that Dr. HARMAR SMITH has resumed practice at Guildford, where he has succeeded Dr. BRADSHAW, who has removed to Kensington.

We much regret being obliged to postpone to our next number the list of subscriptions to the International Congress. We hope, however, that in the meantime it will be considerably extended, as money is needed to publish the transactions. We must also defer the Hospital Report.

Communications, &c., have been received from Dr. DUDGEON, Dr. J. H. CLARKE, Dr. BERRIDGE, Dr. J. BECKETT (London); Dr. SIMPSON (Glasgow); Dr. HAYWARD (Liverpool); Dr. HUGHES (Brighton); Dr. J. H. SMITH (Guilford); Dr. M'KECHNIE (Bath); Dr. H. C. ALLEN (Ann Arbor, Michigan); Dr. CLARENCE BARTLETT (Philadelphia), &c.

## BOOKS RECEIVED.

*Homœopathic League Tracts, No. 5. Statistics of Homœopathy.—Tincture Making.* By L. T. Ashwell. London: Keene & Ashwell, Bond Street.—*The Homœopathic World.* London.—*The Hospital Gazette and Students' Journal.* London.—*The Chemist and Druggist.* London.—*The Monthly Magazine of Pharmacy.* London.—*Journal of the Health Society.* Calcutta.—*The Indian Nation.* July 5. Calcutta.—*Report of the Calcutta Homœopathic Dispensary, 1885-6.*—*The North American Journal of Homœopathy.* New York.—*The New York Medical Times.* New York.—*The New England Medical Gazette.* Boston.—*The Boston University School of Medicine. Fourteenth Annual Announcement.*—*The Hahnemannian Monthly.* Philadelphia.—*The Homœopathic Recorder.* Philadelphia.—*The United States Medical Investigator.* Chicago.—*The Medical Era.* Chicago.—*The Medical Current.* Chicago.—*The Medical Advance.* Ann Arbor.—*The N. Louis Periscope.* St. Louis.—*The Clinical Review.* Cleveland.—*The California Homœopath.* San Francisco.—*Bibliothèque Homœopathique.* Paris.—*Bull. de la Soc. Méd. Hom. de France.* Paris.—*Revue Homœopathique Belge.* Brussels.—*Allgemeine Homœopathische Zeitung.* Leipzig.—*Rivista Omiopatica.* Rome.—*Revista Argentina das Ciencias Medicas.* Buenos Ayres.—*La Reforma Medica.* Mexico.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 13, Church Road, Tunbridge Wells, or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY  
HOMŒOPATHIC REVIEW.

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THE TEST AT THE BEDSIDE.\*

By PEMBERTON DUDLEY, M.D., Philadelphia.

MEDICAL practice is based, to a great extent, on theories. But medical theories are judged by the results of their application. If a system or mode of treating diseases results usually in failure, a strong presumption is aroused that the system is faulty in its essential principles. However fond of theoretical speculation physicians may be in some departments of investigation, yet in the practical work of their profession—in the actual treatment of disease—every theory is, if possible, forced to the test of experience. Here, at any rate, only hard, cold matters of fact receive much consideration at their hands. Accustomed to methods of scientific precision, employing agencies of a tangible nature, dealing with material organisms, and borne down by the weight of a public responsibility, it is not surprising that, in their daily efforts to alleviate human suffering, they turn away in contempt from a fine-spun theory, to find their best resources, their chief reliance, in the demonstrated facts of their noble art.

Thus it follows naturally that facts, results, constitute the standard by which all therapeutic principles and systems and creeds are judged, and their value or worthlessness determined. It is to this tribunal that every

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\* From the *Southern Journal of Homœopathy*, U.S.A.

system of medicine must come ; it is the fiery ordeal that all methods and principles must pass through ere they can hope for the endorsement of a discriminating intelligence. It is to this that we propose, on this occasion, to bring one of the great rival systems of medical practice.

Homœopathy has, either fortunately or unfortunately, aroused in one class of people the strongest confidence and most enthusiastic support, and in another the fiercest hatred and most relentless persecution. Almost from its first promulgation it has been denounced as inefficacious, worthless, delusive, fraudulent. Its principles have been rejected, its methods reviled, its results disavowed, its practitioners and sometimes its patrons ostracised.

Yet for some reason it has continued to advance in public favour, and to achieve important conquests, until it seems likely either to force an honourable peace with its opponents, or to become itself the dominant school of medical practice among civilised and enlightened peoples. Hence it is eminently appropriate that its principles should be judged and its methods tested by the results it achieves at the bedside of the sick and suffering, to whom it offers its ministrations.

The medical practice of fifty years ago bears a not very close resemblance to that of to-day. The orthodox old doctors of those days, could they look in upon the sick chambers of our time, would be amazed, perhaps horrified, at the transformation of things since they fell asleep.

The click of the trigger lancet is heard no more, the blood bowl has vanished, the slimy leech has disappeared, the cup is broken, the seton is unheard of, the actual cautery is consigned—covered with merited anathemas—to the lowest depths of oblivion, the blister only rarely obtrudes its unwelcome presence, the patient—exhausted by disease—is not still further exhausted by the rude and crude and violent methods of fifty years ago, yes of twenty-five years ago. The disease is no longer regarded as a monster of hideous mien, to be vomited out, and purged out, and sweated out, and salivated out, and blistered out, and suppurated out, and burnt out. The physician's visit is no longer dreaded, the sick room is no more a chamber of horrors ; where once there were noisome odours and nauseous drugs, and the pangs of "treatment" worse than the pains of disease, and thirst

unassuaged, and loathing and dread unutterable, to-day there is a clean bed, the clean room, the clean atmosphere, the calm and quiet surroundings, the confident expression, the bodily needs satisfied, the pains alleviated, the strength carefully husbanded, the convalescence shortened.

What has brought about the change? How has this rapid transformation been accomplished? Why does it come about that medical men have abandoned as not only useless, but positively harmful, those heroic measures that only a few short years ago were considered absolutely essential to the safety of the sick? Ask the allopathic profession and you will be told: "We are compelled to discontinue our heroic treatment. Public sentiment, and the demands of our patients, forced us into milder measures." Ask the people what wrought the change in public sentiment, and they will tell you that it was the fact that homœopathy could cure its patients without a resort to those violent and dangerous methods. And so this is the first decided test of the efficacy and power of homœopathy. It has revolutionised the practice of the opposing school, and has changed the whole appearance and condition and circumstances of the chamber of sickness, wherever an enlightened medical art carries its ministrations.

If homœopathy had never accomplished aught but this it would still be accounted a priceless blessing. Sixty-one years ago homœopathy in America was represented by one physician—a physician without a patient. To-day it is championed by nearly or quite ten thousand practitioners, and by more than ten millions of friends; and its influence in no small degree moulds the opinions or directs the practice of all educated physicians of all schools, and contributes vastly to the comfort and safety of the sick and suffering in all civilised lands. Resistlessly it has forced its way into almost every department of professional enterprise; its essence permeates all medical literature; its principles lead to almost numberless discoveries in therapeutic art; its pharmacy is sought after by the most progressive of its opponents; its remedies are in daily use in all hospitals and dispensaries; its opposition to depleting and exhaustive resources is felt in every sick chamber; its dosage ameliorates the terrors of the heroic system of medicine; its broad wing covers thousands of homes where its name is almost

unknown ; its rights and interests are guarded by courts of justice ; its representatives are appointed to professional positions of public trust, and the influence of its practitioners in America is even at this hour shaking the dominance and disturbing the unity of its opponents throughout the civilised world. Its physicians are organised in National, State, and local societies, united in defence of its principles, imbued with faith in its efficacy, devoted, self-sacrificing, resolute and enthusiastic.

Did it ever occur to the opponents of homœopathy to ask how or by what means this new and strange system has made so many converts among medical men, secured the confidence of such vast multitudes of intelligent and discriminating people, revolutionised the practice of all medical schools, and made its power felt in all our social life ? Did its principles commend themselves to men's judgment and reason ? Did its peculiar mode of administering medicines meet the views of intelligent people and win their confidence before it was tried and proved ? And if not, then how did the new system succeed in achieving so extensive a conquest ? I propose to consider these questions somewhat at length.

When homœopathy crossed the Atlantic and knocked at the eastern gate of our Republic, she found the medical profession in America all of one allopathic faith—powerful, influential, and flushed with a recent victory over one of the most arrogant forms of quackery. In New York and some other States these men held absolute control of the licensing of physicians, and could prevent any one obnoxious to them from practising at all. Moreover, they possessed the public confidence in the fullest degree. They enjoyed the advantages of popular and governmental patronage. They controlled medical appointments to the army and navy, they were securely intrenched in renowned universities and colleges, in laboratories, in the best public and private hospitals, and in boards of health. They possessed a vast and growing literature ; their journals reached every newspaper and medical office in the country, and their dicta were accepted as the utterances of men who knew of what they spoke, and whose motives were above reproach.

It was to this body of physicians—solid, united, learned, trusted, intrenched, influential—that homœopathy came in 1825, represented by one man and one badly trans-

lated pamphlet; without a hospital, without a college, without a journal, without a book, without a patient, without a friend. This was "a foreign power," that levelled its pigmy artillery against that American medical Gibraltar. Is it any wonder that men ridiculed its pretensions? You and I, had we been there, would have laughed it to scorn.

But who laughs at homœopathy to-day? Who laughs at it, with thirteen colleges and universities, and its one hundred and fifty men engaged in teaching its doctrines to twelve hundred medical students? Who scorns its fifty-four hospitals, with their annual list of 24,000 patients cared for; or its forty-eight dispensaries, with 118,000? Who ridicules its twenty journals, or its annual fifty new books, adding to its literature more than twenty-five thousand printed pages every year? Who mocks at its influence in halls of legislation, and courts of justice; or who derides its 10,000 physicians and its more than 10,000,000 of patrons? Ah! things are different now. To-day let those laugh whose frames are made strong and whose hearts are made merry by its gentle, mighty, healing touch; but let its enemies be thoughtful.

During these sixty-one years, the conversion to homœopathy from the ranks of the allopathic school of physicians have been numbered by thousands, while the changes in the opposite direction you could count upon your ten fingers. Has it occurred to you that this fact of the steady, resistless march, the incessantly deepening influence, the vast conquests of homœopathy in America, is an amazing fact?

By what means and in what manner did it acquire its tremendous influence, and win the confidence of thousands of physicians and millions of discriminating laymen? What was there in its principles or its methods to attract investigators or to inspire confidence? Let us see.

All physicians of that earlier day believed that disease is a something which to be cured by medicine must be opposed, resisted, counteracted; that the curative drug must possess the property of antagonising and repressing the action of the disease. It is doubtful if any medical belief ever was or could be more firmly fixed in the professional mind than this one, that a drug in order to cure

disease must antagonise and oppose the processes of disease. This doctrine is held with equal tenacity to-day, and by physicians of all schools. Yet homœopathy presented as its grand central principle the almost unheard-of doctrine that a drug can cure conditions and symptoms similar to those that it is capable of producing. It was diametrically opposed to all preconceived opinions; more than that, it appeared paradoxical. Such a principle of drug application, it was thought, might perhaps aggravate the disease, but could never cure. Notwithstanding the fact that the doctrine was as old and as respected as Hippocrates, it aroused fierce opposition and ridicule. No, no. The principle of homœopathy, so far from commending the system to professional and public favour, was but as a millstone about its neck.

And what of the methods and the doses of homœopathy? What effect had they in extending its influence? The people of that day, almost without exception, had been accustomed to, and had trusted in the efficacy of the heroic and violent methods then in vogue. They had, without question, swallowed the huge, nauseous mixtures, and considered that no medicine had power to cure unless it also had power to kill. Homœopathy invited them to abandon such measures, and adopt the opposite extreme of minute dosing. Admit that its medicines were pleasant to take, who cares for the taste of the remedy when health, perhaps life, is at stake? There is no doubt that, other things being equal, wisdom prompts the choice of the pleasanter and safer medicine, but such a choice, as between homœopathy and allopathy, could be made only after the efficacy of the new system had been established. But in the work of establishing it in public and professional confidence, its little dose, instead of being a help, was an almost insuperable hindrance. Even to-day it is the one chief obstacle to its progress—an obstacle which the friends of homœopathy would gladly remove if they could, and if they dared.

Thus it is seen that the wonderful progress made by the new school of physicians in America can not be ascribed to any attractive quality of either its principles or its medicines. To the allopathic physician its law of cure was a stumbling block; to the intelligent layman its dose was foolishness. And had it been possessed of no other quality to commend it, it would never have won



to itself a single educated medical convert. It would long ago have been forgotten. But the new system had just one resource of its own by which to convince the physician and to secure the confidence of the public. It simply invited the sceptic to a bedside test of its efficacy. It demonstrated its power to cure the sick. Its early progress was determined by its power to restore health and to save life, and by that alone. And such is the basis of the progress it is making to-day.

The early history of homœopathy in America shows that its first medical converts were made by witnessing its cures of cases theretofore considered incurable. Indeed, it had few opportunities to try its virtues in those days except in cases of a more or less hopeless character, and as a last desperate resort. By the cures that followed, physicians were first amazed and then convinced. Homœopathy succeeded because it was worthy, and she demonstrated her worth by her deeds.

The test to which homœopathy has been subjected at the bedside has demonstrated three things:—

1.—It has demonstrated the *truth* of homœopathy as a scientific principle.

2.—It has demonstrated the *efficacy* of homœopathy to cure disease; and

3.—It has demonstrated the vast *superiority* of homœopathy over any and all other modes of medical treatment yet known.

I propose to treat these subjects a little in detail; and first, let us see how the bedside test has proved the scientific truth of homœopathy.

Homœopathy is either a fact or falsity. The statement of its central principle—"likes are cured by likes"—is a truth or else it is an untruth. Likes do cure likes, or else they do not. And if likes do not cure likes it is because they cannot, for they have had the opportunity. The experiment has been tried more than a thousand million times. If likes do not and cannot cure likes, then the homœopathic physicians of the country, in their endeavours to cure disease by this means, have met million on million of failures, and not one success. Not one! Do you believe such a proposition as that? Do you believe that among the ten thousand homœopathic physicians of the country there is not one who has sense enough to know the difference between a success and a

failure, and honesty enough to abandon an utterly worthless mode of practice, if worthless it indeed be? Yet, if you are thoughtful and logical, you must believe that incredible thing, or else you must believe in homœopathy as a scientific truth.

The physician who declares homœopathy to be a delusion places himself in a somewhat remarkable attitude. He asserts that a drug "cannot cure" conditions and symptoms similar to those it is capable of producing. He thus asserts that *ipecac.* cannot cure, and therefore never did cure, vomiting. He affirms that *colocynth* never did cure a case of intestinal cramps; that *castor oil* or *syrup of rhubarb* never cured diarrhœa; that *corrosive sublimate* never relieved a dysentery; that *cantharides* or *turpentine* never cured a strangury; that *belladonna* never healed a sore throat or cured a headache. If he admits that even in the whole history of the world any one of these cures has been made once—just once—he admits that like can cure like, because it has cured its like. In other words, he admits the truth of homœopathy as a principle of medical science; because what occurred once will, under similar circumstances, be sure to occur again.

Now, the fact is that our allopathic text books and journals contain records and statements showing that cures of the kind I have mentioned have occurred in the practice of allopathic physicians, not once or twice or a score of times, but hundreds—yes thousands of times—and yet fifty thousand allopathic physicians in this country are to-day solemnly declaring that homœopathy is a delusion—that likes cannot cure likes.

It required the fall of but a single apple to demonstrate the power of gravitation. It required but a single cure of a similar disease by its similar remedy to demonstrate the truth of homœopathy. Yet the tests and the proofs are being accumulated by thousands every day. Never in the history of medicine has any other doctrine passed through so fiery an ordeal as has homœopathy, and never has any other achieved so magnificent a triumph.

Secondly.—The bedside test has demonstrated the efficacy of homœopathy as a curative principle.

The records of allopathic text books and journals have been already alluded to. The records of homœopathic cures by allopathic physicians, include in their scope a

large proportion of the drugs employed by that school of physicians, and a large proportion of the well-defined pathological changes or types of disease that are considered at all amenable to drug influence. At the present rate of progress, another score of years will not have passed before homœopathic properties will be demonstrated by allopathic physicians in every drug employed medicinally by that school, and homœopathic powers demonstrated over every diseased condition known to the allopathic profession.

But far stronger testimony in support of the curative efficacy of homœopathic treatment is shown in the vast numbers of unwilling converts it has made from the allopathic rank and file. I say unwilling converts, because it has rarely happened that allopathic physicians have given their adhesion to homœopathy until literally forced into the change by the stern behests of conviction and of duty. There has been nothing in the ranks of homœopathy to attract them. It is said that Dr. Channing, one of the earliest homœopathic converts, had the largest practice in New York city, and when he announced his adoption of homœopathy he lost every family save one.

Homœopathic physicians are charged by their opponents with trading on a title. It was not a very lucrative business in those days, at any rate. Men who avowed their adhesion to the new system had to surrender their practice and their income, and abandon all hope of professional preferment; and, I am heartily ashamed to say, in some instances, all further expectation of social amenities and Christian courtesies. Would these devoted men have thus taken upon themselves poverty, professional disgrace, calumny, persecution and social ostracism, had they not been absolutely driven to the conviction that the system they chose possessed in such a high degree the power to cure disease? Their course of action furnished strong victorious evidence of the efficacy of the new therapeutics.

Nor is this all. The conversion of a few allopathic physicians is one thing; the binding and holding together of ten thousand educated men in a common purpose is quite another. Could such a body of intelligent and practical physicians be held together by a wisp of straw? And the tremendous forces which lie back of this pro-

fessional unity, which gives to it purpose and power and enthusiasm, is the fact that homœopathy is every day being tested, and is proving its efficacy in a hundred thousand homes. It is blazoning its credentials and proclaiming its power in characters so broad that he who runs may read; and not all the opposition, all the persecution, all the misrepresentation, all the sickly attempts at ridicule, all the adverse legislation, all the trades-unionism, all the boycotting, and all the crafty diplomacy of all its foes, will ever enable them to rub its grand record out.

The third fact proved by the bedside test is, that as a curative agent, homœopathy is vastly superior to any other method of medical treatment yet known. To this final test homœopathy must needs come, and our only regret is that here we must make comparisons between it and its bitter opponent, allopathy.

It is a significant circumstance that homœopathic physicians have, for the past fifty years, earnestly sought every possible opportunity to test the two systems in hospitals and other public institutions, side by side. They have asked, entreated, begged, laboured to secure it. On the other hand, the allopathic school has protested against it, and opposed those tests invariably, and has generally succeeded in preventing them from being made. For this reason these comparative trials have been made very few in number, and some even of these have not been made under such circumstances and amid such surroundings as to guarantee them against the danger of error; though in no instance, so far as I am aware, has the accusation of wilful fraud been urged against them. It must be understood, however, that a single set of statistical figures in medical matters is of only trifling importance. Only as statistics are multiplied and accumulated from a variety of sources, all bearing upon the same subject, do they become valuable as a basis of judgment and as a guide of conduct. And this is particularly true when a number of statistical tables offer unanimous testimony upon any given point.

Such statistics are always regarded as positively in the direction of truth and safety. In presenting a number of these figures for consideration, lack of time will preclude much of detail. The figures are given "for what they are worth," and they are worth much. We cannot

undertake to dictate the lessons they seem to teach ; but no ordinary intelligence will be slow to understand either their significance or their force.

From an extensive series of statistical tables published by Dr. Rosenberg at Leipzig in 1848, and quoted by Grauvogel, a distinguished medical officer of the Bavarian army, we learn that the author, from the facts procurable, found that in the eight homœopathic hospitals and four allopathic institutions the aggregate results were as follows: homœopathic patients, 11,651, mortality 4.22 per cent. ; allopathic patients, 27,476, mortality 12.73 per cent. The summary of cholera cases, so far as he could learn, was: homœopathic patients, 13,748, mortality 9 per cent. ; allopathic patients, 457,536, mortality 48.39 per cent. In 1849 to 1851 there were treated in St. Margaret's Hospital, in Paris, under Dr. Tessier, homœopathist, and Drs. Valleix and Marrott, allopathists, the following: homœopathic patients, 4,668, mortality 7.05 per cent. ; allopathic patients, 3,724, mortality 11 per cent. These results were both from the same hospital and taken at the same time. The beds were filled in the order in which they were emptied, so that there could be no unfair discrimination between the two sections of the hospital. The average duration of the sickness was—homœopathic section, 23 days ; in the allopathic section, 29 days—and the cost of drugs used in the allopathic section was about one hundred times as much as in the homœopathic.

The hospital at Thoissey, Aisne, France, was from 1832 to 1848 managed by Dr. Gastier, a homœopathist. It was reported in a newspaper that the authorities had forbidden him to practise homœopathy in the institution. The Board of Administration, in a reply published in the same paper, and dated January 2, 1846 (*i.e.*, after fourteen years trial of homœopathy), declared the statement absolutely groundless, and concluded their statement by saying, "our register shows that, since accession of Dr. Gastier, the number of deaths in proportion to the number of cases has been much less than ever before."

These facts and figures come to us from across the Atlantic. Let us see what has been accomplished nearer home. And, first, in our more northern cities and States.

In the hospitals of the city of New York the comparative mortality during a period of five years, as quoted

from Dr. Joseph Buchner, was: homœopathic hospitals, mortality, 7.03 per cent.; allopathic hospitals, mortality 14.36 per cent. These were the figures that called out from John C. Peters, now a distinguished allopathist of New York city, "Could he be so great a fool as to subject himself to the heroic treatment of the old school?" Why he should have assumed such a designation is doubtless satisfactory to himself.

The two city hospitals of Albany, N. Y., for the year ending September 30, 1883 (see report of Board of State Charities), reported: homœopathic mortality 5.33 per cent.; allopathic mortality 7.26 per cent. In the Brooklyn hospitals, same year, homœopathic mortality 8 per cent.; allopathic mortality 9.48 per cent. In the Buffalo hospitals, same year, homœopathic mortality 5 per cent.; allopathic mortality 14.73 per cent.

In the four New York State Insane asylums, same year, homœopathic recoveries 40.59 per cent.; three allopathic asylums, recoveries 25.37 per cent. Homœopathic asylum, mortality 4.39; three allopathic asylums, mortality 6.49 per cent.

In the Denver, Colorado, hospitals—1880, under allopathic treatment, 11.97 per cent.; 1881, under homœopathic treatment, mortality 7.34 per cent.; 1882, under allopathic treatment, mortality 8.90 per cent.; 1883, under homœopathic treatment, mortality 6.03 per cent.

So much for the comparative results of the modes of treatment in hospitals and asylums.

It fortunately happens that we are not restricted in our statistics to the results of treatment in hospitals and other public institutions. We have also a few but most significant figures drawn from the results of private practice in our large cities. These we will now present.

About fourteen years ago a well known life insurance company of New York city conducted a series of examinations of the records in the health offices of several of our largest cities, with a view to ascertaining the comparative number of deaths occurring in the practice of physicians of the two rival schools. These investigations embraced the records of Boston for two years, 1870 and 1871; of New York for 1870, 1871 and 1872; of Philadelphia for 1872; of Newark, New Jersey, for 1872, 1873; and of Brooklyn for 1872 and 1873. These ten tables of statistics yield the following results, showing

the average number of patients lost by each homœopathic and each allopathic physician in each of those cities :—

				Allopathic losses.	Homœopathic losses.
Boston :—					
1870	...	...	...	17.76	10.05
1871	...	...	...	14.76	8.25
1872	...	...	...	19.68	8.26
New York :—					
1870	...	...	...	15.75	9.00
1871	...	...	...	15.78	7.97
Philadelphia :—					
1872	...	...	...	19.08	12.87
Newark, N. J. :—					
1872	...	...	...	27.54	12.92
1878	...	...	...	15.89	9.56
Brooklyn :—					
1872	...	...	...	24.08	11.62
1878	...	...	...	21.56	9.95
General average :—				17.88	10.02

1872 was the year of the terrific epidemic of smallpox in Philadelphia.

Thus we obtain the average losses by 4,071 allopathic and 810 homœopathic physicians, reporting an aggregate of 80,918 deaths. The investigations have been so extensive, and the figures involved are so large, that no candid mind can refuse to accept their results as strikingly indicative of the vast superiority of homœopathic over allopathic methods of treatment.

We have drawn these statistics from far-off Germany, and from our Northern States and cities. The last table that we shall cite is obtained right here in your own Crescent City, after the terrible yellow fever scourge had visited the lower Mississippi valley in 1878. A commission to investigate the subject and report to Congress was appointed by the American Institute of Homœopathy. This commission was composed of your own distinguished Dr. William H. Holcombe, as chairman, with the no less eminent Drs. F. H. Orme, of Atlanta ; L. A. Falligant, of Savannah ; J. P. Dake, of Nashville ; L. D. Morse, of Memphis ; T. J. Harper, of Vicksburg ; W. J. Murrel, of Mobile ; E. H. Price, of Chattanooga ; W. L. Breyfogle, of Louisville ; T. S. Verdi, of Washington ; and B. W. James, of Philadelphia. A body of more conscientious,

upright, reliable and skilful yellow fever experts could not be got together in this or any other country, and their testimony no man dares to impeach. This commission devoted a vast amount of labour to the examination of health office records, and collection of information from all possible sources, and they found that while homœopathic physicians had lost in the various localities from four to eight per cent. and upwards, the allopathic loss was 13 to 18 per cent. In Chattanooga, Tennessee, where the disease raged with peculiar malignancy, the homœopathic loss reached the startling figures of 36.4 per cent.; the allopathic mortality was 45 per cent.

And now what need have we of further testimony of this sort? If we could add table after table of statistics to those already presented, it might in some degree corroborate this testimony, but it could not add either to their significance or to their force. Some, perhaps, will ask: Why not also present the other side of this statistical argument? Why not give likewise those tables which are favourable to allopathy? Ah, there is no other side. There are no such tables. If there were, these figures of mine would be of little value. But you may search the literature of allopathy through and through, and you will find no statistical evidence which can in the slightest degree affect homœopathy's claim as the superior of her allopathic opponent.

The statistics we have presented, and many more of similar tenor, are all in point. Most of them have been matters of open record for years, yet none of the figures have ever been disproved, nor has any serious effort been made in that direction. Most of them were gathered by laymen, who doubtless had no thought of the use to which they might be put. Some desperate efforts, however, have been made—and others doubtless will be—to diminish their tremendous force. Had these tables told a different story, no such efforts would ever have been made.

We might here offer truth of the fact that under homœopathic treatment the duration of disease is shorter, convalescence more rapid, relapses less frequent, and general health more robust than under the debilitating and exhausting methods of the other school; but as these facts will be naturally inferred from the results already



presented, it is not necessary to add argument to their support.

It has thus been shown that the new system of medicine, homœopathy, has its foundation in scientific truth; that it proves its power over disease, and that it substantiates conclusively its vast superiority as a method of treatment. Surely in spite of the adverse circumstances under which she labours, she has no need to hang her head.

And this is homœopathy; this her work; this her record. Yet from the hour when, single-handed, poor, despised, she set her foot upon these western shores, prejudice, bigotry, intolerance, hate, have been her sleepless, relentless, unscrupulous foes. And through all their machinations she has made her way steadily and not slowly, yet all too slow. Had her system been the popular delusion it was said to be, it might have swept the country like the prairie fire, but like the prairie fire it would have died out in black oblivion. Her progress has been the progress of education and enlightenment. Where ignorance has prevailed homœopathy has languished. Where culture reigns homœopathy triumphs. She has spread her influence from Niagara to the Gulf, and from Bedloe's Island to the Golden Gate; nor will her progress cease until she has planted her standard in every city and town and village, and shed her benignant blessings beside every hearthstone where sickness is known, or the cry wrung from human agony goes up to the listening ear of the Great Physician.

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## RHEUMATIC FEVER WITH PROLONGED HIGH TEMPERATURE.

By R. E. DUDGEON, M.D.

E. T., æt. 38, butler in a gentleman's family, had always enjoyed good health, was first seen by me on the 18th of April. He had been complaining for a day or two of rheumatic pains in the legs, but still persevered in his work, until, finally, this day his right knee was so bad

that he had to keep his bed. I found the knee very swollen and tender, and he could not bear the slightest movement of it. There was no particular increase of temperature; the pulse was about 100; sphygmogram normal; appetite good. He got *bryonia* and spongiopiline round affected joint. During the next six days the symptoms remained pretty much the same, the rheumatic affection changing rapidly about from one joint to another. The left knee, the right, then the left ankle, the wrists, and finally the elbows, became successively the seat of the rheumatism, and in each joint the same symptoms were observed—swelling, heat, redness, excessive pain when touched or moved. Notwithstanding the severity of the articular affection, the pulse did not rise above 100 or 110; the appetite continued. Of course he was kept chiefly on milk diet, farinaceous food, and occasionally broth or beef tea. He slept pretty well, and had no wandering. On the 24th the temperature, which had ranged from 99° to 101°, was found to be 103°, but as no other symptoms were observed, and as the rheumatism was now confined to the elbows, and not very severe there, it was hoped that the disease was going off. The *bryonia* was continued. At my morning visit on the 25th the nurse informed me that he had been restless and delirious all night. His temperature had risen to 106° during the night, and was at that figure when I saw him at 11 a.m. He could answer questions hesitatingly but correctly, but then immediately wandered off in an incoherent manner. The pulse was 160, very small, and the sphygmogram dicrotic and weak. I at once gave him a full cold pack, and told the nurse to repeat it every two hours if the temperature did not go down below 104°. I prescribed *aconite* 1 every two hours. At my visit at 5 p.m. the temperature was down to 103°, and the pulse had fallen to 100, so I hoped that the fever was checked. The following morning (the 26th) at 11 a.m. I found that he had been just as bad during the night. The temperature had risen to 106°, and, in spite of constant cold packs, when I saw him it was still 105.2°, the pulse 140; he had not slept all night and was constantly talking nonsense, endeavouring to get out of bed, and grasping at imaginary objects in the air. There was no trace of rheumatism in any of his joints, and they could be moved or pressed without causing any pain. The next night

was passed in much the same way. In spite of almost constant cold packs and repeated doses of *aconite* the temperature was often up to 106°. The pulse never got below 140, and showed a weak dicrotic tracing. The delirium continued night and day, but he would always answer questions, and though he did not know his wife and took the nurse for some one else, he always knew me. All the time this high temperature lasted, he, when not being packed, perspired profusely.

On the 27th, I found at my morning visit no improvement; the temperature, after almost constant cold packs, still nearly 106°, the pulse 140, low muttering delirium constant, total sleeplessness and inability to take any food except milk and barley water. I changed the medicine to *agaricus* 1x. every two hours, and desired the nurse to leave off the packs, and instead to sponge him all over with cold water every two hours, and to put but one blanket on him. Since the commencement of his illness the sheets of the bed had been removed. When I visited him again, at 5 p.m., I found the temperature had fallen to 103°; at 10 p.m. he was sleeping soundly, the pulse was down to 112, the temperature still 103°. From this time the temperature fell steadily, the pulse grew stronger and slower, the delirium gradually subsided, and he made a steady progress in recovery, slept well, ate well, and gained strength every day, so that on the 14th May I could pronounce him quite well in every respect.

The interest of this case lies in the cessation of the articular rheumatism being immediately followed by fever of such intensity, the temperature remaining for nearly four days at or about 106°; the utter uselessness of *aconite* and cold packs to diminish the temperature or lessen the rapidity of the pulse—I think Dr. Gibbs Blake has already pointed out the uselessness of *aconite* in such cases—; the rapid amelioration on employing *agaricus* and cold sponging, whereupon the temperature was rapidly lowered, the pulse became slower, the delirium ceased, and sleep occurred in the first six or eight hours of its employment. Dr. Drysdale (*B. J. of H.*, xxi.) has shown the power of *agaricus* over ataxic fever.

The heart was carefully examined through the whole course of the disease, but no trace of endo- or pericarditis was discovered. The appetite continued unimpaired until the high temperature set in. Notwithstanding the long continuance of this unusually high temperature, the recovery went on uninterruptedly, except that for two or three days during the convalescence there was extreme pain on urinating, which yielded to a few doses of *cantharis*.

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### MYRICA IN JAUNDICE.

By THOMAS SIMPSON, M.D.

AN interesting clinical confirmation of the use of one of the indications for a comparatively uncommon remedy occurred in a patient under my care a few days since (June 10th, 1886). The subject was a stout person, æt 50, with a dyspeptic history; sallow complexion; tongue thickly coated; breath offensive; no appetite; stools pale; urine dark; lassitude extreme, and great sleepiness during day; abdominal pain and tenderness, which were greatest in the hepatic region.

Prescribed *nux vomica* 5 with unsatisfactory results.

The conjunctivæ became yellow next day, and the symptoms were all worse.

Prescribed *myricin* 1. gr. j. every four hours, and very speedy and steady improvement followed in a few hours. This drug was selected from a characteristic symptom: Tenacious, thick, nauseous secretion in the mouth. I have found it a valuable medicine in jaundice.

Glasgow.

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LONDON HOMŒOPATHIC HOSPITAL.

REPORT OF IN-PATIENTS UNDER TREATMENT DURING  
THE YEAR ENDING MARCH 31st, 1886.

	Cured.	Much Im- proved.	Improved.	Unimproved.	Died.	Under Treat- ment.	Discharged at own request or removed.	Total.
<b>GENERAL DISEASES :—</b>								
<b>A.—Scarlatina.....</b>								
Influenza .....	1	2	...	...	...	...	2	2
Pertussis .....	...	1	...	1	1	...	1	4
Diphtheria .....	1	...	...	...	2	1	...	4
Febricula .....	1	...	...	...	...	...	...	1
Enteric fever .....	2	...	...	...	1	...	...	3
Intermittent fever .....	...	1	...	...	...	...	...	1
Erysipelas.....	6	...	...	...	...	1	...	7
Syphilis .....	...	3	...	...	...	...	...	3
<b>B.—Alcoholism .....</b>								
Malnutrition .....	1	...	...	...	...	...	...	1
Debility .....	3	4	3	...	...	1	...	9
Rheumatism—acute .....	3	5	3	1	...	...	1	13
"    sub-acute .....	13	...	...	...	2	...	...	15
"    chronic .....	24	6	2	1	...	...	...	33
Podagra .....	1	3	2	...	...	1	...	7
Carcinoma .....	1	...	...	...	...	...	...	1
Tuberculosis .....	...	...	...	1	1	...	2	4
Rickets .....	...	...	...	...	4	2	...	6
Pernicious anæmia.....	1	2	...	...	...	...	1	4
Anæmia .....	...	...	...	1	...	...	...	1
Chlorosis .....	...	3	2	...	...	1	...	6
Scrofula .....	...	1	...	...	...	...	...	1
Morbus coxæ .....	...	...	...	...	1	...	...	1
	3	1	...	4	...	2	...	10
<b>LOCAL DISEASES :—</b>								
<b>a. Nervous System—</b>								
Cerebral anæmia.....	...	1	...	...	...	...	...	1
Apoplexy .....	...	...	...	...	1	...	...	1
Meningitis acute.....	2	...	...	...	1	...	...	3
"    tubercular .....	...	...	...	...	1	...	1	2
Paralysis .....	1	1	1	1	...	1	...	5
Hemiplegia .....	...	1	...	...	...	...	...	1
Infantile paralysis .....	...	...	...	...	...	1	...	1
Locomotor ataxy.....	...	1	...	...	...	...	...	1
Progressive muscular atrophy .....	...	1	...	1	...	...	...	2
Spinal irritation .....	...	1	1	...	...	...	1	3
Athetosis .....	2	...	...	1	...	...	...	3
Neuralgia .....	4	2	3	...	...	...	1	10
Chorea .....	10	2	...	...	...	...	...	12
Hysteria .....	1	3	2	...	...	...	...	6
Dementia .....	...	...	...	...	...	...	1	1



	Cured.	Much Im- proved.	Improved.	Unimproved.	Died.	Under Treat- ment.	Discharged at own request or removed.	Total.
<i>Alimentary System, continued—</i>								
Fissure of anus .....	2	...	...	...	...	...	...	2
Peritonitis .....	2	...	...	...	1	...	1	4
Carcinoma of liver.....	...	...	...	...	...	...	1	1
Hepatic abscess .....	...	1	...	...	...	...	...	1
Icterus .....	1	1	...	...	...	...	...	2
<i>g. Urinary System—</i>								
Nephritis acute .....	1	3	1	...	1	...	...	6
" chronic .....	...	...	...	...	...	...	2	2
Cystitis .....	2	...	1	1	...	2	...	6
Carcinoma of bladder .....	...	...	...	1	...	...	...	1
Calculus .....	...	...	...	...	...	...	1	1
Hæmaturia .....	...	1	...	...	...	...	...	1
Uræmia.....	...	...	...	...	1	...	1	1
Enuresis .....	...	2	...	...	...	...	...	2
<i>h. Generative System—</i>								
Oöphoritis .....	...	1	...	...	...	...	1	2
Ovarian tumour .....	...	3	...	1	...	...	1	5
Pelvic cellulitis .....	...	1	...	...	...	2	...	3
Pelvic abscess .....	2	...	...	1	...	...	1	4
Amenorrhœa .....	...	...	...	1	...	1	...	2
Menorrhagia .....	1	2	3	...	...	...	2	8
Metritis.....	1	4	1	...	...	1	...	7
Cervicitis .....	2	...	...	...	...	1	...	3
Uterine congestion.....	2	...	...	...	...	...	...	2
Ulceration of os.....	...	1	1	...	...	...	...	2
Retroflexion.....	...	2	1	...	...	...	...	3
Lateral flexion.....	...	1	...	...	...	...	...	1
Prolapsus .....	...	1	1	1	...	...	...	3
Laceration of uterus.....	...	...	...	1	...	...	...	1
Fissure of cervix .....	...	1	...	...	...	...	...	1
Fibroid .....	...	2	...	3	...	...	2	7
Polypus.....	1	...	...	...	...	...	...	1
<i>i. Locomotory System—</i>								
Periostitis.....	2	1	...	...	...	...	...	3
Periosteal nodes .....	...	1	1	...	...	...	...	2
Caries .....	2	...	3	...	...	...	...	5
Ankylosis of hip .....	...	...	...	1	...	...	...	1
Angular curvature .....	...	...	1	...	...	...	1	2
Lateral curvature .....	...	...	...	1	...	...	...	1
Synovitis, acute .....	4	...	...	...	...	...	...	4
" chronic .....	...	1	...	...	...	1	...	2
Bursitis.....	4	...	...	...	...	...	...	4
Strumous knee .....	...	1	1	...	...	1	...	3
Inflammation of psoas .....	1	...	...	...	...	...	...	1
<i>j. Lymphatic System—</i>								
Adenitis .....	1	1	...	...	...	...	1	3
Enlarged cervical glands .....	1	...	...	2	...	3	...	6
Tabes mesenterica .....	...	2	...	...	...	...	1	3
Lymphadenoma .....	...	...	...	1	1	...	...	2

	Cured.	Much Im- proved.	Improved.	Unimproved.	Died.	Under Treat- ment.	Discharged at own request or removed.	Total.
<i>k. Diseases of the Skin—</i>								
Abscess .....	9	6	...	1	...	1	...	17
Ulcer .....	12	2	...	3	...	5	...	22
Erythema nodosum .....	1	...	...	...	...	...	...	1
Urticaria .....	1	...	...	...	...	1	...	2
Eczema .....	4	7	...	1	...	2	...	14
Impetigo .....	1	...	...	...	...	...	...	1
Psoriasis .....	...	1	...	...	...	...	...	1
Herpes iris .....	1	...	...	...	...	...	...	1
Herpes zoster .....	1	...	...	...	...	...	...	1
Lupus .....	1	...	...	...	...	1	2	4
Pemphigus .....	2	...	...	...	...	...	...	2
Furunculosis .....	2	...	...	...	...	...	...	2
Anthrax .....	1	...	...	...	...	...	...	1
Onychia .....	1	...	...	...	...	...	...	1
Tinea tonsurans .....	...	...	...	1	...	...	...	1
<i>l. POISONS :—</i>								
Lead .....	...	1	...	...	...	...	...	1
<i>m. INJURIES :—</i>								
Burns .....	2	...	...	...	...	3	...	5
Wound contused .....	10	1	...	...	...	...	...	11
" lacerated .....	5	...	...	...	...	...	...	5
" punctured .....	2	...	...	...	...	...	...	2
" of scalp .....	2	...	...	...	...	...	...	2
Cerebral concussion .....	2	...	...	...	...	...	...	2
" compression .....	1	...	...	...	...	...	...	1
Spinal concussion .....	1	...	...	...	...	...	...	1
Fracture of femur .....	1	...	...	1	...	...	...	2
" " radius .....	1	...	...	...	...	...	...	1
" " fibula .....	1	...	...	...	...	...	...	1
" " lower jaw .....	...	1	...	...	...	...	...	1
<i>n. OPERATIONS :—</i>								
Paracentesis .....	...	...	1	...	...	...	...	1
Trichiasis .....	1	...	...	...	...	...	...	1
Enucleation of eye-ball .....	1	...	...	...	...	...	...	1
Fistula in ano .....	1	...	...	...	...	...	...	1
Amputation of thigh .....	...	...	...	...	...	1	...	1
" " leg .....	2	...	...	...	...	...	...	2
" " fingers .....	3	...	...	...	...	...	...	3
Removal of sarcoma from breast .....	...	...	...	...	...	1	...	1
" " lipoma .....	2	...	...	...	...	...	...	2
" " sebaceous tumour .....	3	...	...	...	...	...	...	3
" " hæmorrhoids .....	1	...	...	...	...	...	...	1
" " urethral polypus .....	1	...	...	...	...	...	...	1
" " uterine polypus .....	1	...	...	...	...	...	...	1
Necrosis of tibia .....	1	...	...	...	...	...	...	1
Phimosis .....	1	...	...	...	...	...	...	1
<b>TOTAL .....</b>	<b>299</b>	<b>148</b>	<b>58</b>	<b>45</b>	<b>32</b>	<b>55</b>	<b>38</b>	<b>674</b>



APPENDIX B.

CLASSIFIED SUMMARY

*Of the Results of Treatment of 674 In-Patients during the Year ending March 31st, 1886.*

	Cured.	Much Im- proved.	Improved.	Unimproved.	Died.	Under Treatment.	Discharged at own Request or Removed.	Total.
<b>GENERAL DISEASES :—</b>								
A .....	11	7	...	1	4	2	3	28
B .....	48	25	12	8	7	8	4	112
<b>LOCAL DISEASES :—</b>								
a. Nervous System.....	20	13	7	3	3	2	4	52
b. Diseases of Eye .....	12	5	3	2	...	1	...	23
c. Diseases of Ear .....	1	...	...	...	...	...	...	1
d. Circulatory System .....	...	11	2	4	7	3	4	31
e. Respiratory System .....	42	31	16	5	7	8	4	113
f. Alimentary System .....	55	5	2	...	1	4	3	70
g. Urinary System.....	3	6	2	2	2	2	4	21
h. Generative System .....	9	19	7	8	...	5	7	55
i. Locomotory System .....	13	4	6	2	...	2	1	28
j. Lymphatic System .....	2	3	...	3	1	3	2	14
k. Diseases of the Skin .....	37	16	...	6	...	10	2	71
l. Poisons.....	...	1	...	...	...	...	...	1
m. Injuries .....	28	2	...	1	...	3	...	34
n. Operations .....	18	...	1	...	...	2	...	21
<b>Total .....</b>	<b>299</b>	<b>148</b>	<b>58</b>	<b>45</b>	<b>32</b>	<b>55</b>	<b>38</b>	<b>674</b>

**TOTAL NUMBER OF PATIENTS DURING THE YEAR  
ENDING MARCH 31st, 1886.**

In-Patients ... ..	674
Out-Patients ... ..	8,844
<b>Total ... ..</b>	<b>9,518</b>

**RETURN OF DENTAL CASES.**

*From March 31st, 1885, to March 31st, 1886.*

Extractions—Adults ... ..	83
Do. Children under 14... ..	38
Irregularities of the Teeth treated surgically and mechanically ... ..	3
Advice Cases ... ..	25
<b>Total number of Patients seen ... ..</b>	<b>149</b>

## REVIEWS.

*A Decalogue for the Nursery.* By S. J. DONALDSON, M.D.  
Boston: Otis, Clapp & Son. 1886.

UNDER this somewhat singular title, one moreover that gives no indication of the character of its contents, Dr. Donaldson has published a useful little book, setting forth the hygienic rules which should be enforced during infancy, pointing out the early indications of a departure from health, and the domestic treatment of some of those disorders which are at once most common during infancy and most fatal to infantile life.

It is to such important, yet much neglected, and by mothers and nurses little understood, subjects as the washing and clothing of infants, and the influence upon them of posture, to infant diet, the process of dentition, the necessity of fresh air, and "nursery appurtenances" that Dr. Donaldson chiefly directs attention. In doing so he very properly and clearly explains the physiology of the skin, of the process of digestion, of the circulation, and of respiration, in order to show the reasonableness of the instruction he offers to mothers. Each chapter is interesting, and contains much sound advice. That on Infant Diet is, we think, one of the best in this section of the work.

The chapter on the *Early Indications of Disease* is one that all mothers might study with advantage. Much valuable time is often lost by a want of power to recognise the signs of the approach of serious disease. How frequently, on remonstrating with a mother for not having sent for him earlier, is the physician told that "we thought it would pass off"—a conclusion attributable to sheer ignorance, an ignorance that ought not to exist. Towards its removal, Dr. Donaldson has here made a useful contribution. On the practice of indiscriminate dosing the author is very decided. "With the majority," he writes, "the intrinsic virtue of a drug is not measured by the *ultimate* effect, but by the appreciable disturbance immediately secured. After all," he adds, "the difficulty with which physicians have to contend in this matter is the legitimate fruit of their former erroneous teachings, which time, and precept upon precept, alone can overcome." The warning that "a drug that creates but trifling disturbance in a healthy body, may profoundly affect the system when made impressionable by disease," is one which we trust many a mother will take heed to.

In the succeeding chapter on *The Domestic Treatment of Disease* Dr. Donaldson quotes the *Philadelphia Medical News*

of June 27th, 1885, as advocating the administration of *calomel* in diphtheria to the extent of forty doses of eight grains each; one hundred grains being given during the twenty-four hours! Dr. Jacobi, in an article in a recently published System of Medicine by American authors, states that his custom is to give half a grain of *corrosive sublimate* every day for many days in succession. Another authority, so lately as May, 1884, advised the division of from eight to twelve grains of *calomel* into thirty or forty doses, and the giving of one every half-hour! While a leading member of the New York Academy of Medicine, though condemning the use of mercurials in diphtheria, urges that at least a drachm of the tincture of the *perchloride of iron* should be given every hour! He himself states that he had given two drachms every half-hour for forty-eight hours to a boy of eight years of age! We had thought that such treatment as this had disappeared altogether from our sick chambers—but, alas, "heroic medication" dies hard, much harder than its victims.

Dr. Donaldson has great confidence in the 8rd decimal trituration of the *iodide of mercury* in diphtheria. He mentions also the *cyanide*, but to our thinking does not lay sufficient stress upon it. It is the most useful, that is, the most generally used medicine in diphtheria at our disposal. Not only is it distinctly homœopathic to, and consequently controls, the throat exudation, but its action on the heart is well calculated to prevent that loss of power in the centre of the circulation, which is the most to be dreaded of all the sequels of the disease.

The book concludes with some excellent thoughts on the power of example, the awakening of the intelligence, ghost stories and kindness.

Dr. Donaldson has given us a useful little volume, and one which, from its interesting and instructive way of conveying advice, and of endeavouring to uproot the prejudices which have arisen from ignorance, will, we believe, not appeal to the intelligence of a reader in vain.

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*American Medical Plants.* By CHARLES F. MILLSPAUGH, M.D.  
Fascicle iv., Nos. 16—20. New York: Boericke & Tafel.  
1886.

WE have again the pleasure of announcing the publication of a further instalment of this valuable and very interesting work.

In this part we have well drawn and coloured representations of thirty plants, all more or less used in medicine. Among them are the *Ailanthus glandulosa*, *Cicuta maculata*, *Euonymus atrop.* *Ginseng*, *Menyanthus trifoliata*, *Myrica cerifera*

*Rhamnus catharticus*, *Rhus venenata*, *Ranunculus bulbosus* and *repens*, *Senega* and *Veratrum viride*.

As we have said when noticing previous fascicles of this work, to the drawing of every plant is appended a description of its parts, an account of its natural history, and its uses in medicine, together with a description of the pharmaceutical preparations made from it, and also a brief *résumé* of its physiological action.

When completed it will constitute one of the most interesting series of volumes in connection with the study of *Materia Medica* that we are in possession of.

## MEETINGS.

### INTERNATIONAL HOMŒOPATHIC MEDICAL CONVENTION SECTIONAL MEETINGS.

In our report of the International Convention last month we postponed the publication of the papers read and the discussions which took place at the two sectional meetings held on the afternoons of Tuesday and Wednesday, the 3rd and 4th of August.

On the former day the chair was taken by DR. RUNNELS, the President of the American Institute of Homœopathy, who, after a few remarks, called upon Dr. BORN for his paper on *Hygiene*.

The following paper was then read:—

What has hygiene to do with homœopathy will probably be a question which many who attend this Congress will not fail to ask. I shall try to answer the question by quoting from Hahnemann's *Lesser Writings* a few extracts which prove that our great master believed that no homœopathist could perform any real cures without a knowledge of hygiene.

A short time ago a distinguished London physician, who has not much, if any, faith in the old drug cures, and no courage to study homœopathy, was so sincere as to proclaim publicly in an address to medical men at Birmingham, *that the very best mode of treating disease* is by preventing people from being ill.

At a time when the science of hygiene did not exist, we find Hahnemann insisting on the absolute necessity of exercise, open air, recreation, and cheerful society for the cure of diseases.

Long before Priessnitz, we find him lauding the virtues of cold water in the form of baths—whole, half, local, and shower; and we find him not merely saying that the patient should take cold baths and have done with it, but giving the

most precise instruction as to the circumstances in which cold bathing is indicated, as to the temperature of the water, and the degree and duration of immersion. He tells us how the power of the bath is to be gradually increased by increasing the coldness, and the degree and duration of immersion. In short, he lays down rules for the cold bath that we have never seen more precisely formulated in a modern hydropathic establishment,

We find in *The Friend of Health*, published about a hundred years ago, and in the *Lesser Writings* of Hahnemann, many most important directions regarding the purity of air and water, the prevention of epidemics and other hygienic instructions. Thus we find that he mentions many flowers, charcoal fires, dead bodies of animals, many lighted candles, the emanations of infectious diseases, of fruit and fish markets, of animal excretions, spoiled food, etc., as being among the injurious influences which spoil the purity of the air.

He speaks of the dangers of infectious diseases, and gives advice on the construction of fever hospitals, prisons, nurseries, fish markets, butchers' shops; on the regulation of schools, workhouses, ships, paper mills, rag gatherers, dealers in old clothes; on the mode of drying ditches and constructing cess-pools; on precautions in dissecting rooms, on the danger of burials in churches; further, on the diet and regimen of patients and on the bad effects of coddling as well as of hardening the body too suddenly.

This list will suffice to prove the importance our great master attributed to the knowledge of hygiene, a knowledge which, in his time, was in its infancy.

I believe it, therefore, to be the duty of Hahnemann's disciples to study hygiene in all its branches, and to contribute to the progress of this most important science, and I hope that all homœopathists will agree that it is better to prevent disease than to cure it even by homœopathic treatment.

Since the time of Hahnemann, and especially during the last thirty years, hygiene has made great strides, and in proportion to the increased knowledge of all pathogenetic causes will hygienic knowledge increase. Although hygiene is a necessary part of homœopathic treatment, it has a still more important task, viz., the prevention of disease by preserving the maximum of health, by physically developing every individual in the highest degree, and by removing all surrounding circumstances which can cause disease.

Thus we have three great parts of hygiene, viz., PUBLIC, PRIVATE and INDIVIDUAL.

*Public hygiene* provides for the community pure air, pure water, pure light, clean, well-paved streets, good sanitary

state in schools, churches, hospitals, workhouses, prisons, lodging houses, large and small workshops, butcheries, bake-houses, chemical works and manufactories, and cemeteries.

#### PURE AIR.

The widening of old streets, the piercing of new, the opening through passages in streets, the prohibition of all industries causing bad smells in towns or in their immediate vicinity, the establishment of slaughter houses, and the prohibition of slaughtering animals in private houses, the obligatory consumption of smoke in all industrial establishments, the introduction of charcoal filters in the gully-holes of the public drainage canals, the more general introduction of earth closets, and the frequent removal of the contents of dust-bins containing decomposing vegetable and animal substances, are the principal means of preserving the purity of the air in towns.

#### PURE AIR IN THE COUNTRY.

One of the most frequent causes of the impurity of the air in the country, in villages and single farm houses, is the accumulation of manure in the immediate vicinity of habitations.

There is a good law in France that the heaps of manure should be at a distance of at least 50 metres from the houses; but it is not carried out in practice, therefore cases of typhoid fever, various forms of ulcerated sore throat, and nausea are not infrequent. The neglected removal of animal defecated matter from the stables which are in the immediate neighbourhood of inhabited rooms in the same building frequently spoils the best air in the country. Cess-pools which are not cemented, and permit the percolation of liquid faecal matter, are an additional source of bad air and of poisoned water when the pump is not a long distance from the cess-pool.

#### PURE WATER.

In towns this cannot be procured from fresh water pumps because infiltration from cesspools, drains, urinals, and from decomposed animal and vegetable matter can scarcely be prevented; therefore adjacent rivers are mostly the sources for procuring the water for drinking—but it is only too frequently the case that the faecal matter of towns and villages situated at the higher parts of the river, and the residue of chemical and other manufactories are drained into the river, and, notwithstanding the repeated filtering through stone, sand and coal, the water still contains too large a proportion of organic matter and thus causes disease; as long as the legislature does not interfere and insist upon the prohibition of mixing the water of rivers with faecal matter there is no hope of obtaining pure drinking water from them; therefore it is most important

that water should be brought from the nearest lakes or mountain rivers, or that artesian wells should be sunk.

#### DOMESTIC HYGIENE

Treats of all those conditions which favour health in our homes, as well as of those which injure it and predispose us to various acute and chronic complaints.

Amongst the favourable conditions the first place must be given to the purity of the air, which should be constantly changed in the interior of the house by such a kind of ventilation as will uninterruptedly supply a sufficient quantity of fresh air without exposing the inhabitants to the injurious effects of currents of cold air. According to the season the supply of fresh air must be a mixture of cold and warm air.

The system of ventilation introduced by our esteemed colleagues, Dr. Drysdale and Dr. Hayward of Liverpool, is specially recommended to the notice of the Congress.

If any trade or industry is carried on in an ordinary dwelling house, it is absolutely necessary that all smells, impure gases, and injurious vapours should be eliminated as soon as they are produced, and at the same time the circulation and ventilation of the air must be accelerated in proportion to the rapidity of development and quantity of vitiated air, which is more or less continually being generated.

Great attention is to be paid in every house to the state of the drainage, and to the drain pipes being so constructed that no sewer gas can be admitted into the house.

All refuse, whether vegetable or animal, should be burnt in open fires, or if permitted to accumulate in the dust bins, these must be daily emptied.

The w.c. arrangements should be so made as to prevent a return of noxious gases into the house, and should be placed outside the principal wall of the house.

The lumber rooms ought to be frequently cleaned and the gas pipes constantly kept in the best repair.

In nurseries one or two glass panes should be constructed so as to admit a constant supply of fresh air.

In the bedrooms no flowers or odorous substances, not many lights, no wet and soiled linen, nor any unclean vessel should be kept.

Beds should be free, and without curtains, and the floor carpets should not be fixed in order that they may be frequently beaten and cleaned.

Accumulations of dust and dirt must be strictly prevented, and at least 800 cubic feet of space should be given to each person sleeping in the room, even when the top windows are at least one inch open during the whole night, and the fresh air ought to be constantly admitted without any draught.

In the choice of papers for bedrooms, all containing arsenic or chrome are specially to be avoided. Embossed papers with an imitation of velvet cause much dust, and frequently injure the eyes.

The next requisite in a house is pure water. Consequently, there must not be any communication between the various cisterns, either directly or indirectly, and the drains or drain-pipes, especially not with the drain-pipe which rises above the roof of the house and which serves for the ventilation of the sewers. Although we must suppose that the water brought to towns by the community itself, or by water companies, is really pure, all drinking water should be filtered through sponge, iron, or coal filters. In this latter case filters must be frequently washed and the charcoal renewed.

A good self-cleaning filter is still a desideratum, those I have named have hitherto been considered to be the best.

The highest degree of cleanliness must be kept up in all parts of the house, especially in kitchens, where animal and vegetable substances are frequently found putrifying and causing extremely bad smells.

With regard to food, meat and milk supplied from tuberculous animals is to be avoided, because the proofs of the infection by food of this kind are increasing; and when animals have been for a long time suffering from tubercles, there is no doubt that the disease is transferable to men. Vegetables should be most carefully washed before being cooked or eaten raw, as the eggs deposited on them cause tape and other worms in men.

#### LIGHT.

Light in houses is either natural or artificial, a large amount of natural light and no reflected light is most desirable, and therefore the window spaces should be in proportion to the height and width of the rooms.

Of the artificial modes of lighting, the electric light has the great advantage of not spoiling the purity of the air, as the light is enclosed in hermetically sealed glasses, and no heat is produced. Although at present this light is much dearer than other artificial ones, it is still the most hygienic to make use of wherever the means for doing so permit.

Gas light is the second best if the gas is pure, and where the vapours caused by the gas are constantly carried away by large glass globes, into which a tube is inserted to carry away the noxious gases. Candle lights of margarine, paraffin and wax are preferable to those of tallow or the various oils, such as petroleum, colza, and other vegetable and mineral oils.



### PERSONAL HYGIENE

Is sub-divided according to the various ages of a single individual; we thus have the hygiene of the new-born, of first infancy, of second infancy, of youth, adolescence, manhood or womanhood, middle age and old age.

In infancy, as at all ages, pure air and water, cleanliness, appropriate food and suitable dress are the principal subjects to which attention must be directed. In infancy, especial attention must be paid to food, and the medical man's duty is to insist, wherever it is possible, on the mothers nursing their infants.

The more a medical man persuades a mother to nurse her baby, the more he prevents such a baby from being ill, and it should be an absolute aphorism that the mother's milk is the best infant's food.

Where the mother is unable to fulfil this important duty a nurse should be chosen, and if circumstances prevent the engagement of a suitable nurse, cow's or asses' milk is to be substituted, but under no condition should any of the so-called infant foods, containing starch or flour, be used; all of them must be considered as strange and unsuitable means for feeding a baby. Nothing can be better than milk, which is the only real and natural food, and nothing can be substituted for it. Many infantile diseases, but especially the dangerous diarrhoea which causes so large an amount of infant mortality, would be avoided if nothing but milk were used during the first year of an infant's life.

The dress of an infant should be arranged in such a manner as to prevent its being turned to and fro, this is done by the dresses being made to open in front and one placed over the other, when the child, lying on its back, can be dressed without any further inconvenience.

The introduction of the aniline colours in articles of dress has caused irritation of the skin and some other injurious effects, therefore magenta, violet and yellow colours should be absolutely rejected, especially in those articles of dress which are in immediate contact with the skin. At this period of infancy, rickety diseases are produced at an early age, either by want of good milk, by unsuitable food or an additional unhealthy condition. The parents of such children are frequently drunkards or very poorly fed, live in humid and dark dwellings and thus predispose their infants to rickets.

The study of the causes of rickets which was pursued on a large scale first in Turin and afterwards in Milan has proved that the disease can be prevented by suitable diet and regimen, and those who are interested in the subject are invited

to visit the schools for the rickety in Turin and the large institution in Milan known as *Il pio Istituto Dei Rachitici*.

Professor Gamba in Turin and Dr. Pini in Milan have the merit of having contributed considerably to the prevention and treatment of this disease. I may also refer to a pamphlet in which I have given an account of the Italian mode of treating this distressing complaint.

I have omitted to mention the inflammation of the eyes of the newborn which is a disease still producing the largest percentage of blindness in all parts of Europe and America, and one which is due principally to the ignorance of mothers, midwives and even of medical men.

It is known that this disease originates mostly in an infectious discharge from the mother, and that it can be perfectly prevented, and in the first stages perfectly cured. The statistics of the Foundling Hospital in Vienna prove, that in consequence of the necessary precautions being taken, amongst a thousand new born infants, there are scarcely three or four affected with the disease, and these are usually soon and perfectly cured.

During the time of education, which is now obligatory in almost all civilised States, many children are exposed to various infectious diseases, as for instance purulent inflammation of the eyes, ringworm, whooping cough, measles, scarlatina, small pox, etc. Besides this the children are more liable to have headaches, bleeding from the nose, high and round shoulders, flat chests, lateral curvature, bronchial and abdominal affections, irregular circulation, cold hands and feet, &c. Thus a new branch of hygiene originated under the name of School Hygiene, and Dr. Guillaune, of Neufchatel, in Switzerland, has the great merit of having first called the attention of the profession to the subject by the publication of his little book, *L'Hygiene Scolaire*, which is full of most useful suggestions relating to the situation and building of schools, their ventilation, warming and lighting, drainage and cleanliness, as well as the furniture, duration of school hours and the position and health of the pupils. In fact Dr. Guillaune must be considered the father of school hygiene, and the first and very able forerunner in this branch of science.

The school period, which lasts from the age of five or six years to 13 or 14, and in higher schools, colleges and universities, till the age of 22 or 24, is the most important period of life, because mind and body are then in a state of evolution and development, and it is absolutely necessary to prevent, during this special period more than at any other, all those influences which might interfere with the natural development of the body, while the most favourable surroundings should be chosen for

the purpose of developing the maximum of bodily and mental health and strength; therefore physical education on a scientific basis should and must form an integral part of all school hygiene for the child, the youth, the adolescent, and for young men and women during the whole of their growth and while exposed to the injurious effects of school life. I can but repeat that school hygiene is still a progressive science, and we must hope that it will continue so for a long time if the insanitary influences of school life are really to be counteracted.

In Brussels practical school hygiene is carried out at the expense of a liberal municipality that prefers to spend more upon prevention than on cure. Dr. Jansens, who is at the head of the hygienic bureau of this city, has considerably contributed to the high state of its school hygiene. There are here not only medical school-inspectors who examine the school buildings, but who enquire into the sanitary state of each pupil at the beginning of the school year, and place the less healthy and weaker pupils under medical treatment during the whole time they visit the schools. At the end of the school year a report is published of the sanitary progress of all these constitutionally weak pupils.

The medical inspectors have not only to attend to the persons of the pupils, but they have to find out whether they live in healthy dwellings and are provided with the food required for a growing child and youth. If necessary the Bureau of Hygiene provides for the improvement of unhealthy lodgings reported to them, by obliging the house proprietors to make all necessary sanitary improvements, and in cases where the food obtainable by the children is insufficient, either charitable or municipal authorities are invited to assist in rendering it adequate. I need not add that the inspectors report also on the state of the school buildings and outhouses, on the drainage, lighting and warming, ventilation, furniture, daily temperature of the school rooms, the cleanliness of the closets, courts, staircases and passages, and any deficiency in the hygienic state is immediately corrected. A special oculist and dentist are employed for the purpose of attending the pupils. Brussels, at any rate, offers a very good model of the practical application of school hygiene, and medical visitors have there the best opportunities for studying this subject, and for enabling them to copy these excellent institutions in their own countries. The Belgian Government has sent a Commission to foreign countries for the purpose of studying the best modes of scientific physical education and the so-called free exercises, that is exercises without any gymnastic apparatus, have been to a great extent introduced into the Belgian schools. As an old advocate of scientific physical education, I wish to impress

especially my younger colleagues with the importance of this hygienic branch, and to express my sincere conviction that for the harmonious development of all parts of the human body no gymnastic apparatus is required, and if I could persuade my colleagues of the truth of this statement many of the accidents and consequent mischief which take place in so-called gymnasiums would be prevented. Unhappily in the education of young medical men the knowledge of the scientific application of movements for curative purposes is not taught, and practitioners who have some vague idea that movements are suitable in some deformities and certain diseases send their patients to an ordinary teacher of gymnastics, or so-called calisthenics, who, without any knowledge of anatomy, physiology, pathology or hygiene, applies, indiscriminately, the same exercises to all his pupils. This reminds me of another prevalent abuse frequently occurring in practice, when professional men, having heard of the benefits of massage, but without any knowledge of the physiological and curative effects of the many manipulations of which massage consists, recommend their patients to any male or female "rubber" without giving any directions regarding the quality or quantity of the manipulations and of the time during which they are to be performed, and without any directions as to the parts, whether muscles, arteries, veins or nerves, which should be acted upon. I hope to be pardoned for this short digression regarding the scientific use of hygienic movements and manipulations for curative purposes; I have done so in order that this branch of therapeutics may become an obligatory study in all homœopathic schools and colleges. Thus the adherents of the new school of medicine will have the additional advantage over their colleagues of the old school of being able to cure a number of complaints which medicines alone cannot cure. Another advantage will be that in all chronic disorders they will be able to use besides medicine such means as will hasten the recovery of their patients.

Amongst the advantages of physical education in schools being an obligatory study will be found the alternate occupation of mind and body, the influence of the mind on the body, the ease with which the body carries out the orders of the will, the retarded development of the sexual organs, and the prevention of self-abuse are specially to be named.

During the last twenty years a very important step has been taken in the interest of weak school and other children by sending them for a shorter or longer period to the seaside, to the country, to the mountains and into pine forests. As far as I know the French were the first to take up the idea of erecting

barracks on the sea shore, where children of all ages are exposed to the refreshing influence of sea air and sea bathing, while they pass almost their whole time in the open air; the establishment at Berck-sur-Mer and similar establishments in France and Italy have shown a remarkable influence and a great change to have taken place in the constitution and health of thousands of strumous and scrofulous children. As there are countries which have not the advantages of possessing sea shores, the municipalities have to some extent supplied the desired health restoring influence by sending children either to the country, and, where it is possible, into or near pine forests, or, as in Switzerland, have placed children for some time on the Alpine heights. The so-called holiday colonies of children who are sent to the sea shore, into high Alpine regions and into the country, have hitherto been mostly provided by charitable societies, but it is desirable that the expenses for similar excursions should be defrayed by the various communities to which the children belong, and should form a regular part of the budget of public hygiene.

During the period of the development of girls it is desirable to prevent their being bodily or mentally over-worked and thus to prevent the irregularities of the female functions.

At the time preceding all examinations in schools, colleges and universities, attention should be paid to the necessity for exercise in the open air, for interrupting prolonged studies by bodily exercise, and ensure regular hours for meals and sufficient sleep. At these periods the neglect of hygiene causes costiveness, headaches, giddiness, and often considerable loss of memory, irregular circulation, general fatigue, mental and bodily depression, which frequently prevent the student doing justice to himself in the examination, in consequence of his having overworked his brain. It is now an ascertained fact that myopia is artificially developed in all schools, and that the per centage amounts to 60 or 70 amongst students who have been at school from 7 to 8 years; we know that this defect can be to a great extent prevented, but as I cannot enter into details on this subject I refer my readers to the Prize Essay of the Society for the Prevention of Blindness in London, in which Professor Fuchs has compiled a special chapter on myopia in schools. English, German and French editions have been published. An Italian and Spanish translation of it will soon leave the press. I cannot here enter into the hygiene of the various professions and trades or of early married life, nor can I enter into details of the hygiene of the aged, and will conclude by advocating the introduction of fire-burial or cremation as a most hygienic measure for the population of all countries.

For the last few years the ptomaine poisons developed during the process of putrefaction of animal bodies have been more minutely studied, and we know the injurious effects caused by animal decomposition, the exhalation of poisonous gases developed by the dissolution of animal bodies. We know the poisonous effects of water percolating the earth of cemeteries, we know that the poison of plague diseases among cattle and men are retained for many years by the earth in which the dead bodies of the victims of plagues have been buried, and that they remain injurious and infectious for a long time.

When we reflect upon the results of cremation, by which all parts of the body are burned and all noxious gases eliminated and destroyed, the great advantages of this mode of destroying the body, and that in a time so short as not to exceed an hour and a half, will be easily understood, especially when we compare it with the slow decomposition and putrefaction of the buried body, with its millions of insects, lasting for months and years and causing so much anti-hygienic evil.

The small expense of cremation, and the process being carried out under cover form additional recommendations, as it is a known fact that a number of persons attending the usual funerals catch cold while taking part in the usual services, exposed the while bareheaded to the inclemency of the north and east winds, and standing for some time on wet grass or humid earth.

In conclusion, I will briefly recapitulate the few suggestions which I have endeavoured to make.

*First*—It is most desirable that the education of homoeopathic and other practitioners should embrace the knowledge of the pathogenetic effects of cold and heat, of air and water, of increased and diminished atmospheric pressure, of the various media by which we are surrounded, and of all bad food and drink, of unsuitable clothing, and of the various injurious positions and occupations most frequently adopted in the performance of all trades and professional duties, this is the only way that will enable us to remove everything injurious to our health, and to improve as far as it is in our power the various circumstances surrounding all classes of the population.

The elements of scientific physical education should also be a part of the obligatory education of medical men, not only of those who may have ultimately to inspect schools and to suggest the best modes of producing the maximum of health and strength of the pupils of both sexes in the elementary, secondary and high schools, in colleges or universities, but

also of every medical man whose highest aim should be the prevention of disease in all forms.

*Second*—The knowledge of the curative treatment by water, exercise, manipulations, electricity should also form an integral part of every medical student's curriculum that he may be enabled to relieve suffering, to prevent and cure diseases, for which the mere knowledge of drugs is not sufficient.

*Third*—Even the elementary knowledge of public, domestic, personal and school hygiene will be found most useful to every practitioner, not only for his private use, but also that he may efficiently serve the best interests of the community in which he resides. Hitherto no attention has been paid in medical schools to the instruction of students in all matters concerning hygiene and the curative powers of non-medicinal means, such as water, electricity, manipulations and exercise, and the public is obliged in numerous cases to have recourse to "rubbers," "bone-setters," "masseurs," "electricians," and other unqualified persons who have acquired the name of successful curers of certain diseases by making use of agents frequently entirely unknown to medical practitioners.

Dr. COOPER expressed what he was sure was the unanimous opinion of the meeting that Dr. Roth had given us a most interesting paper. It had travelled over very wide ground, and had touched upon a great many subjects, and he (Dr. Cooper) would have liked, were it possible, to have had more information from Dr. Roth upon many of his subjects, but especially upon, what we all in London regarded him as a distinguished authority, namely, the subject of dress. The wrinkle he had given us upon the dress of infants was very valuable, and ought to be taken seriously into consideration. There could be no doubt that it was most important to have a baby so clothed that the dress opening in front would allow of the clothing being loosened without disturbing the child even when asleep. Babies were liable to perspire and to get overheated in their cots, and it was of great advantage to be able to undo their clothing when asleep. As to adult clothing, Dr. Cooper wished to point out how defective was the construction of our waistcoats, at least in England, for we had them constructed of as warm material as possible in front and of a mere lining of flimsy calico at the back. This had the effect of keeping the spine, the central region of the nervous supply, as cold as possible, whereas it needed protection and warmth. And then our trousers were often the cause of lumbago and back pains, and even of hepatic disturbance from our not taking care to have them constructed of uniform height at the back. If one pair of trousers comes lower down at the back than another, cold is sure to strike the exposed part

from lack of its accustomed protection. Then, as to the covering of the feet, shoes are much better than boots, especially than boots with elastic sides which constrict the circulation and keep the feet unnaturally cold. In winter if increased warmth is required for the ankles it can be better secured by "spats," or short leggings, than by the high leather surroundings of boots. The importance of proper clothing for young girls at the time that the menstrual functions are first established is very great. Our obstetricians will bear me out in saying that irregularities in the functions are very often produced in early female life by insufficient clothing, and correction is to be sought for by insisting upon the wearing of light lambs' wool drawers. This, and this alone, often suffices to correct irregularities in the menstrual functions and to prevent its neuralgic accompaniments. Dr. Cooper went on to say that he would wish to speak of a matter not directly, but in a very important sense indirectly, related to the subjects touched upon in Dr. Roth's paper, he specially referred to the condition of the water storage channels of the country—our rivers. Rivers can never be looked upon, in the sanitary sense of the term, as drains; they should be, and are defective if not, the great channels for the supply and storage of pure natural, clear, drinkable river water; but never drains, much less sewers. If we keep them as channels for storing pure water well and good, but if defective in storage capacity, or if polluted with refuse and harmful material, they are necessarily unfit for sanitary requirements. The condition of the rivers in England, and indeed in all countries, is very serious, they are silting up very rapidly, and are unequal to the task of storing the normal rain-fall. Hence it comes that when an unusual rainfall sets in our rivers overflow, and what ought to bring prosperity to the farmer and increase the fertility of the soil has an exactly opposite effect. The reason for this is obvious. Not alone are populations increasing, but numberless railways are being constructed in every country, and the effect of these is to let loose a vast mass of finely pulverised detrital material, which, dropping upon the water-surfaces, or upon the fields, eventually being carried into the rivers, increases the amount of material which deposits as silt in the beds of rivers. In order to prevent the complete blocking up of our rivers, governments will have to undertake the work of dredging all our water-channels, and restoring the natural bed to the rivers. More than this, it will be necessary to plant the hills and uplands of the catchment basins with trees and large vegetation; in this way in times of unusual rainfall the flow of rain from the hills will be checked, and the



leafy area created will keep back the rain, and allow it gently to percolate into the water channels, and not run off at once, and in this way occasion flooding. Then the river banks ought to be lined with trees which will prevent evaporation from the main channel, and by their rootlets will increase the porosity of the soil and add to the fertility of adjacent fields. The pressing necessity for undertaking a work of this kind, especially in England, will be apparent to anyone who thoughtfully considers the subject; and it behoves us as homoeopathic practitioners, who have at heart the health and well-being of the community, to bestir ourselves, and to insist upon having our channels of storage for pure, clear and flowing rain water, kept free from silt, unpolluted, and perennially full. It is the more necessary that we as medical men undertake the advocacy of this good work, as it will be found that opposition will invariably be preferred by engineers. Engineers consult their own interests, and, as a rule, insist upon having locks placed across rivers and the upper banks elevated. If a river be banked up without removal of the silt, the water-channel will be raised above the adjoining fields, and consequently these will become water-logged, to the detriment of the health of man and beast.

Dr. HEERMANN said the paper was exceedingly interesting, but too short to cover all the ground it endeavoured to occupy. In America hygiene was taught in homoeopathic medical colleges. Water-closets had much to do with the pollution of rivers. Many of our malarial complaints arose from water-closets, and certain medicines had special reference to the malaria of water-closets; in this way homoeopathy had special relation to hygiene. Dr. Schweningen had brought forward a subject of great importance in urging that no animal except man drank at the same time that he eat. In doing so he injured the pneumogastric nerve. These two subjects the speaker regarded as specially important in relation to hygiene.

Dr. MOSSA, of Strasburg, remarked on the water-supply of towns. In Dantzic, when the water-supply was changed, typhus, which had been endemic, disappeared, but the change made no difference in the number of cases of diphtheria; so there was still something more to learn on the connection between water-supply and the prevalence of zymotic diseases.

Dr. WILDER was much interested in the paper, and hoped it would be published in the archives of the meeting.

Dr. HUGHES said that this depended on the funds, but he fully anticipated that all the papers would be published.

Dr. POPE referred to the importance of hygienic rules being

observed during the period of infancy and childhood, urging that upon the healthy condition under which a child was reared depended much of its future happiness and usefulness. There could, he thought, be no doubt that much injury was done to young children during their education in various ways, but chiefly, especially among the very poor and so-called "working classes," by the undue amount of study required of them. In England, public education, through the medium of school boards, had been made far too much of a political and party question, and, further, it had been left too much in the hands of mere *doctrinaires*, men who are so much awake to the manifold advantages arising from the possession of various kinds of knowledge that they are asleep to everything else. Hence, when physicians and physiologists pointed to the evils arising from over-pressure at school work, they were simply pooh-poohed and described either as enemies of education, or as persons averse to seeing their poorer neighbours in possession of educational advantages; but whatever school inspectors and politicians might say to the contrary, under existing circumstances over-pressure is inevitable in schools of this kind. All children are expected to do the same amount of work, however various may be their social surroundings, however great the difference in the amount and quality of the food taken by each child. Leaving out of consideration many circumstances in which children differed from one another in their power of study, it must be admitted that for a brain to be worked, as educational departments thought that it ought to be worked, the body, of which it forms a part, must be adequately nourished. As a matter of fact, the amount of study to be demanded had been deduced from that which a well nourished, well fed child could endure without injury. To make all children under 15 years of age undergo the same amount of study, regardless of the circumstances of their home life, was an absurdity and worse, for it was an act of cruelty. Hence over-pressure was a reality, and not that myth which some enthusiastic, but very narrow-minded, educational reformers would endeavour to persuade us that it is. He had seen several cases of the ill effects of this over-pressure—in one epilepsy was clearly traceable to the school work imposed upon a half-starved growing child of ten or eleven years of age. He would much like to hear from their American and Continental brethren whether they had encountered similar results from the same kind of defiance of the laws of health by Government authorities.

Dr. Mossa said that, in Germany, all children were compelled to go to school, between the ages of six and twelve. This law could not be evaded. And, notwithstanding the

supply of good food, there was still a great amount of illness of an anæmic type prevailing among school children, just as appeared to be the case in England. He thought that the vitiated atmosphere of the rooms in which the children were confined so many hours during each day was accountable for a great deal of it. Dr. Wolff, of Dresden, had attributed it to vaccination. A similar condition of ill-health was also met with among the children in rural districts. He would like to ask the gentlemen from the United States if such a state of things prevailed in their country.

Dr. MEYHOFFER said that in Switzerland education was pursued under high pressure, and the effects of the consequent mental strain were particularly noticeable in the girls between the ages of twelve and sixteen. There were special classes for young ladies, whose school hours were from 7 A.M. to 12 o'clock, and again from 2 to 4 P.M. But this did not satisfy the teachers. School work had to be resumed in the evening at home in preparation for the next day. The consequences were seen in chlorosis, gastralgia, amenorrhœa, menopausia, and general debility—and this even when the children's food was both good and abundant. All physicians were aware of these facts, but Government did nothing to counteract them.

Dr. BONINO's observations entirely confirmed the remarks of Dr. Mossa and Dr. Meyhoffer. In Italy the same overwork and undue mental strain prevailed among the school children, and as a result the girls became anæmic. The only remedy that he could see consisted in representing these facts to Government, and urging upon them the necessity of reducing the amount of obligatory work, or such diseases would be constantly on the increase.

Dr. HOBART said that in Chicago over-pressure existed to an extent that was little known. In one institution with which he was acquainted chorea had followed overwork in some instances. Children varied so much, both physically and intellectually, as well as in their home surroundings, that this question had become a very difficult one, and it was by no means easy to arrange matters so as to meet the wants of the slow as well as the quick. Physicians and parents should unite together and take the matter in hand, and so prevent the bright ones being pushed unduly, only to get behind later on from the illness produced by their excessive study previously. He thought the countries of the Old World were more conservative than those of the New, and was surprised to find that both were equally bad in this respect.

Dr. SCHMUTZ suggested that the Convention should agree to a resolution deprecating the existing over-pressure in schools.

Dr. HEERMANN thought the motion especially concerned girls from twelve to fourteen.

Dr. CLARKE said it was quite pleasant to hear the description of Dr. Roth's Utopia, and we should have taken away quite a pleasant impression if it had not been for the discussion. By this we were reminded that babies were not dressed properly, that children were overstrained at school, that our rivers were all wrong, and our water-closets in anything but a satisfactory state. Referring to Dr. Cooper's remarks about shoes, he said that colds were often caught from changing from boots to shoes, and he recommended that where boots were worn in winter out of doors, house-boots, and not slippers or shoes, should be worn indoors. He paid a tribute to the great efforts Dr. Roth had made to improve the condition of hygiene, and hoped that he would persevere, and in due time we should, no doubt, have all babies' dresses buttoned up the front, plenty of fresh air and pure water, our schools would be palaces of delight, and over-pressure would be unknown.

Dr. ROTH thanked the Congress for the manner in which his paper had been received. Referring to the subject of dress, he said, trousers ought not to be suspended by braces. He referred to the use of stockings and socks with special toes. Apropos of Dr. Cooper's remarks on forestry, he said the Italian Government had planted hundreds of thousands of trees to prevent inundations.

Dr. RUNNELS (in the chair) wished to emphasise the suggestion of Dr. Schmitz as to the necessity of a resolution on over-pressure. He had seen much chorea and menstrual disorder from putting girls into classes in which they are brought into emulation with boys. The female teachers also usually suffered from menstrual disturbance. He thought we had reached the limit of this thing, and ought to turn over a new leaf, and that it devolved upon the members of our profession to raise a warning cry against it. He congratulated the members of the Convention on the successful hour they had spent in discussing Dr. Roth's very interesting and instructive paper.

It was then agreed to submit a resolution protesting against the evils of educational over-pressure to the Convention at its concluding meeting on Thursday. The resolution was submitted accordingly and unanimously passed.

SECOND SECTIONAL MEETING.—*Wednesday afternoon.*

The members of the Convention met this afternoon to hear a paper by Mr. WYBORN on *The Need of an International Homœopathic Pharmacopœia.*

The chair was taken by Dr. POPE, who at once called on Mr. WYBORN to read his paper, which was as follows:—

The advantages of simultaneous research and international exchange of thought have been amply illustrated during the present century by the progress of the exact sciences, and I venture to assert that in no department of science are such means more beneficial than in that in which the physician is interested.

As in chemical analysis, however, the reagents employed must be pure or the results of investigators may differ, so in therapeutics the remedies used should be identical, or different conclusions may be arrived at. Hence the importance in therapeutical researches of having the remedies prepared according to one and the same method throughout the civilised world, and of securing those processes which will yield the same products under varying circumstances.

To meet the requirements of the homœopathic physician, then, it is important that there should be an International Homœopathic Pharmacopœia—one approved by the homœopathic pharmacists of all nations, and revised from time to time.

A permanent committee of revision should be established, and each member should make notes of all new discoveries, improvements which suggest themselves, and the like, and submit them for the consideration of an international convention, and those approved of might be incorporated in subsequent editions. Such revision might be made quinquennially or otherwise as agreed upon.

The chief points in which uniformity of pharmacy should be aimed at are—(1) In securing the purity and identity of all ingredients used; (2) in admitting only the same kind of impurities in chemical substances where such are unavoidable; and (3) in maintaining a standard strength of mother tincture, or at least of the first decimal attenuation of all animal and vegetable substances.

(1) The reasons for the first point are so numerous and obvious when uniform results are desired that I need not enlarge upon them.

(2) With regard to the unavoidable impurities in chemical substances, it should be borne in mind, especially by those who maintain the theory of potentisation, that impurities in drugs are always potentised to a higher degree than the drugs themselves.

For example, if the drug contain only .001 per cent. of

foreign matter, such impurity in the first decimal attenuation will have reached the proportion of 1 in 10,000, and in the first centesimal 1 in 100,000, corresponding in drug strength to the fourth and fifth decimal attenuations respectively, and so on upwards.

As regards some of the impure substances which have been proved, one is inclined to believe it possible that the impurities, and not the substances named, may have given rise to the symptoms produced, or at least that the former may have modified the action of the latter to such an extent that, should such preparations vary in this respect, their beneficial action may be lost even when a perfectly pure drug, alone entitled to the official name, is employed.

Under this category may be mentioned *bismuth*—which has been said to owe its virtues to the *arsenic* formerly associated with it—and *lapis albus*, which contains the ores of several metals. It may also be fairly assumed that the *bromine* used in the early provings of that drug was largely contaminated by its chlorides—compounds separated from it with difficulty; and such admixture may have given rise to the varied statements of chemists as to the boiling-point of *bromine*, ranging, as such statements have done during recent years, between 118° F. and 145° F. (or from 45° C. to 68° C.).

Now it often happens that the traces of impurities found in analysing a chemical preparation indicate the process by which it has been obtained, and hence the possibility of giving in a pharmacopœia suitable tests to detect a deviation from the official process.

(8). The third feature—the maintaining a standard strength as a starting point of attenuation—is of fundamental importance, and the reasons for it are strengthened by the fact that in clinical records of cases treated with low potencies much misunderstanding may arise as to the exact doses employed in procuring the results published so long as various methods of preparation exist among pharmacists of different countries for want of some authoritative pharmacopœia.

That such differences do exist will be seen from the following table, showing approximately the possible variation in strength of several important mother tinctures of fresh plants, selected as examples of preparations made according to the British, American, and Polyglot Homeopathic Pharmacopœias respectively, from plants grown in dry and in wet seasons, and consequently containing *minimum* and *maximum* quantities of water.

Under the heading "Strength of Tincture" the figures express the number of *minims* which are equivalent to as much of the fresh plant as would represent *one grain* if dried.

Name.	Loss in Drying.	Strength of Tincture.			
		In Dry Seasons.		In Wet Seasons.	
		British Homoeopathic Pharmacopœia.	American and Polyglot Pharmacopœias.	British Homoeopathic Pharmacopœia.	American and Polyglot Pharmacopœias.
	Percent.	gr. m.	gr. m.	gr. m.	gr. m.
<i>Aconitum napellus</i> ..	70 to 78	1 in 10	1 in 5·6 or uncertain	1 in 10	1 in 8 or uncertain
<i>Agaricus muscarius</i> ..	92 " 94	1 " 24	1 in 47	1 " 33	1 in 63
<i>Balladonna</i> .....	86 " 89	1 " 13	uncertain	1 " 17	uncertain
<i>Bryonia (dioica)</i> .....	70 " 85	1 " 10	"	1 " 12	"
<i>Conium maculatum</i> ..	74 " 77	1 " 10	"	1 " 10	"
<i>Digitalis</i> .....	78 " 88	1 " 10	"	1 " 15	"
<i>Dulcamara</i> .....	78 " 80	1 " 10	"	1 " 10	"
<i>Hyoscyamus</i> .....	79 " 84	1 " 10	"	1 " 11	"
<i>Sabina</i> .....	45 " 51	1 " 10	1 in 6	1 " 10	1 in 7
<i>Scilla</i> .....	70 " 79	1 " 10	1 " 12	1 " 10	1 " 17

It will be observed that in the case of *agaricus* it is possible that the British tincture may be as strong as 1 in 24, while the American or that of the Polyglot Pharmacopœia may be as weak as 1 in 63, or little more than one-third the strength: in several instances, while the tincture of the American or Polyglot Pharmacopœia varies considerably, the British is constant in both dry and wet seasons; and finally, in many cases, while the former tincture is always of uncertain strength, the British is definite, and varies only slightly with one exception.

As examples of variable 1x attenuations, I may mention that *aconitum* 1x (if not of uncertain strength, as when an alternative process, suggested in the American Pharmacopœia, is followed) would vary between 1 grain in 28 minims and 1 grain in 40 minims; *agaricus* 1x between 1 in 78 and 1 in 105; and *scilla* 1x between 1 in 20 and 1 in 27; while the British preparation of each would be 1 in 100, as before stated.

Thus the *American Homoeopathic Pharmacopœia*, compiled and published by Messrs. Boericke and Tafel, and augmented by Dr. O'Connor (1888), gives the following proportions of measure and weight in the preparation of tinctures of vegetable substances, which are divided into four classes:—

Class I.—Equal parts by weight of the expressed juice and of alcohol.

Class II.—Two parts of alcohol added to three parts of fresh plant, or part thereof.

Class III.—Two parts by weight of alcohol to one part by weight of fresh plant, or part thereof.

Class IV. (which includes dried vegetable and animal substances, and also fresh animal substances).—Five parts by weight of alcohol to one part by weight.

The drug powers of these tinctures are said to be  $\frac{1}{2}$ ,  $\frac{1}{3}$ ,  $\frac{1}{4}$ , and  $\frac{1}{10}$  respectively, and either 2 or 6 minims are diluted to 10 minims to form the 1x potency of the first three classes, while the preparations under Class IV. are at once  $\phi$  tinctures and 1x potencies.

Thus the strength of the first three classes of mother tinctures and attenuations varies with the seasons—the *juice*, and not the dried substance, being taken as *zero*, whether the former be abundant and weak or scanty and concentrated, while in tinctures prepared according to Class IV. the dried substance is taken as the starting-point of attenuation.

In the *Pharmacopœia Homœopathica Polyglotta*, by Dr. Schwabe, of Leipzig—published in five languages (1880)—the proportions and processes for tinctures of vegetable substances appear to be almost identical with those just described. But here the reason for representing a tincture of a dry plant prepared by means of five parts by weight of strong alcohol as having a drug power of  $\frac{1}{10}$  becomes apparent, since it is remarked that 200 drops of strong alcohol or 100 drops of distilled water are assumed equal to 100 grains, and hence 10 drops or half-grains (not minims) of the tincture would contain the soluble matter of 1 grain.

At the same time aqueous solutions are directed to be made in the proportion of 1 grain to 9 grains (*i.e.* about 10 minims), the drug power being still stated as  $\frac{1}{10}$ .

Alcoholic solutions of two parts by weight of the medicinal substance in 9 parts by weight, or 1 grain in 9 drops, are considered  $\frac{1}{10}$ .

On the contrary, in the American Pharmacopœia these are made of the strength of 1 grain to 9 grains, *i.e.* 1 grain in 20 drops, and the amount of drug power of the solutions is still designated  $\frac{1}{10}$ , though these preparations have only half the strength of the last described.

The *methods* pursued by pharmacists of different countries also vary.

Some pharmacists obtain many of their fresh plant tinctures by merely mashing up the *magma* with alcohol and immediately pressing, without any idea of exhausting the plant or reducing



the tincture to a standard strength—much in the same fashion and with as little utilisation of scientific knowledge as a cook would prepare horseradish sauce—while the rest are chiefly made by maceration with occasional shaking for eight days. Others use the latter process during fourteen days, and others again adopt percolation and maceration combined.

The plan on which the *British Homœopathic Pharmacopœia* has been built up has for its objects, in addition to the identification of all substances concerning which any doubt existed, and the supplying of good practical tests whereby the identity and purity of each medicine could be ascertained, the preparation of tinctures containing all the soluble ingredients of the substance employed, uniform in drug power, and of a fixed alcoholic strength.

In endeavouring to attain these objects all theoretical or disputed questions have been avoided, and only such characters and tests have been given as are, to a great extent at least, distinctive and necessary, while those of a less important nature, which can be readily ascertained elsewhere, have been omitted, thus giving prominence to all which are essential.

In the case of most chemical substances in which some traces of impurities necessarily exist, the source of the substance used in the provings and the particular mode of preparation have been indicated, so as to ensure the absence of unusual impurities. And in cases where commercial drugs have been authorised the source and the process of preparation followed at the date of their introduction have, where possible, been recorded.

In the preparation of tinctures of fresh plants the complete solution of all soluble matter is accomplished by varying the alcoholic strength to suit the nature of the ingredients in each plant, using a very dilute spirit where the ingredients are chiefly soluble in water, and a strong spirit where alcohol is the best solvent; also by using a sufficient quantity to insure the complete exhaustion of the plant.

With these ends in view, spirits of six different densities are provided.

“In every instance the dry crude substance is taken as the starting-point whence to calculate the strength, and, with very few exceptions, the mother tincture contains all the soluble matter of 1 grain of the dry plant in 10 minims of tincture.”

Directions are given for ascertaining the quantity of moisture contained in the fresh plant, and a series of tables by means of which the pharmacist can calculate the exact quantity and strength of spirit which he has to use in the case of each medicine, allowing for the water present in the plant, which mixes

with and dilutes the spirit employed in making the tincture to the standard alcoholic strength decided upon.

"By careful attention to these tables, uniform products may be obtained from all plants, notwithstanding their variableness of moisture, and also by diluting the matrix tinctures with a spirit of the same strength, dilutions may be always made of the same medicinal value."

In *all* instances the drug power of the British tincture is known with certainty, and therefore the 1x attenuation can always be made of a uniform strength—*i.e.*, 1 grain in 100 minims.

Where no special method is laid down, all medicines are directed to be prepared according to one of three processes, as follows:—

Process I.—By slow or interrupted percolation.

Process II.—By maceration previous to percolation.

Process III.—By maceration alone.

Juicy plants are pressed before percolating them with alcohol, so as to remove the greater portion of their albumen, and to prevent its coagulation in their tissues, by which an obstruction would be caused to the action of the spirit.

All aqueous solutions, whether acids or salts, are also directed to be made of the strength of 1 grain in 10 minims.

Triturations are prepared as directed by Hahnemann or Gruner with some slight modifications.

That these measures are sufficient to ensure a fair degree of uniformity appears more than probable.

Doubtless much variability occurs in the alkaloidal strength of plants grown in different situations and at different times, but this is a difficulty which no adequate means have yet been taken to adjust. The compilers of the *British Pharmacopœia* (of 1885) have indeed made an effort in this direction by ordering the estimation of the total alkaloids and the reduction of the tincture or extract to a standard alkaloidal strength; but, taking *nux vomica* as an instance, the nut of one year's growth may contain a large excess of brucine and loganine, while the powerful alkaloid strychnine may be associated with them in deficient proportions, yet making up an excess in the aggregate, and to reduce the total alkaloidal strength to a standard under these circumstances would be to weaken the active properties of the preparation.

If, however, a perfect representative of the plant or drug be secured, as it may readily be by the adoption of the means set forth in the *British Homœopathic Pharmacopœia*, a degree of accuracy and certainty may be attained sufficient for all purposes, and the advantages to all concerned, if this be so, will be great. In all countries investigators will in future at all

times be dealing with known quantities under one and the same designation, and may look for uniform results from identical experiments—an acquisition which could scarcely be expected in a great number of instances as matters now stand.

One of the chief errors of the American and Polyglot pharmacopœias is that which recognises the mere watery juice of the fresh plant as officinal, omitting from the preparation all substances soluble only in spirit.

In justification of this course it is sometimes stated that the juices of plants have been used in the provings; but this is true only in the most limited sense, for the fact is, many of the symptoms of the provings have been obtained from the plants themselves or their flowers, roots, etc., having been eaten by mistake or otherwise, and these have, in all probability, contained medicinal substances insoluble in water but soluble in alcohol.

In other cases the quantity of menstruum used is too small to exhaust the drug, and should it, like *nux vomica* and *opium*, contain several alkaloids—some readily soluble, others sparingly so—those of the former class would all be extracted, while those of the latter would be partly left in the marc, and the operator would fail to obtain a true representation of the drug. However finely pulverised, *nux vomica* cannot be exhausted by five parts by weight of alcohol of the strength given in both the American and Polyglot pharmacopœias, as will be discovered on tasting the marc after pressure and further percolation with sufficient spirit to wash it. Likewise with *opium*—a large proportion of the less soluble ingredients will be left in the marc after treatment as directed in these works.

Another source of incomplete exhaustion is the mixing of strong alcohol with some juicy plants reduced to pulp without previous pressure, by which the albumen becomes coagulated, and hinders the action of the alcohol in which they are merely macerated.

The pharmacopœias of Gruner and Jahr—still much used in Germany—while directing a more perfect method of exhaustion in some cases, yet fail in other respects.

All these errors may be obviated by the adoption of the British methods before described.

The facts which I have narrated afford very strong evidence that many advantages would arise from their general use.

These methods have long had the sanction of the British Homoeopathic Society, represented by the late Drs. Quin and Madden, and by the worthy editor of the last two editions of the Society's Pharmacopœia—Dr. Drury. That indefatigable worker, Dr. Richard Hughes, has scrutinised and concurred in this work, in addition to having added largely to its articles.

Other pleas might also be urged for them, but enough has been said to render superfluous any further remarks of mine.

Let the British Homœopathic Pharmacopœia, then, be submitted for the approval of the American Institute of Homœopathy as a *basis* for an *International Homœopathic Pharmacopœia*, to be rendered more complete hereafter. Should this Association be disposed to adopt it, one great step will have been made towards its acceptance by similar societies of other nations, who may be induced to translate and improve it. It will then be highly improbable that a medical practitioner in America or elsewhere, seeing a case recorded in an English journal in which it has been found advantageous to prescribe aconitum 1x, and desiring to follow the same treatment, will administer to his patient a preparation of this powerful drug three or four times the strength, though bearing the same label—as might very easily happen at present. The existing inconsistencies will be avoided, and so shall we have the uniformity of pharmacy, the advantages of which I have endeavoured in this paper to point out. Our literature will record the results of investigations with known instead of unknown or uncertain agents. The calculations of our therapeutists will be based upon constants in place of unknown quantities. A nearer approach towards a settlement of the question of doses may be possible; and an additional stimulus will be given to the researches of pharmacists whose ambition it is to improve their art and assist in its development. To suggest a departure from the processes of Hahnemann is to commit a serious offence in the eyes of some, and a mistake according to others; but I would reply that in Hahnemann's day scientific fallacies were numerous and widely accepted without adequate examination, and that great original thinker himself occasionally committed errors, though among all his enemies he was foremost in discovering and admitting them.

Dr. HUGHES read a communication from Dr Giesecke, of Carl Grüner's Pharmacy in Dresden. He requested the formation of a committee to carry out the work of forming an International Pharmacopœia. The British Homœopathic Pharmacopœia was very good, but fell short in the matter of weights and measures, and in other respects was scarcely an international work. The future must be based on the method of the British Homœopathic Pharmacopœia and Carl Grüner's. He concluded by giving suggestions of his own.

Dr. HEERMANN said that in Paris the medicines were prepared by machine, in America and Germany by hand. It was necessary to know how a given preparation was made. A drug prepared by hand was quite a different thing from one prepared by machine. The mode of preparation was a factor

just as potent as dilution. In answer to Dr. Hughes, Dr. Heermann said he referred to both triturations and tinctures in his reference to medicines made by machines.

Dr. W. T. Cowl, of New York, said that before engaging in practice he had spent some time in making tinctures. He was familiar with all the pharmacopœias. In the American Pharmacopœia it was stated that the methods there described were only such as were regarded as practicable. In America many physicians prepared their own drugs. The compilers of the American Pharmacopœia he thought had this in mind in preparing that work. He thought American pharmacists would welcome a standard authority. Where there were difficulties in making preparations and elaborate directions there was more danger of falsification. The details might be too refined and complicated to be practicable.

Dr. MOSSA said the great difficulty in the whole question was that wild and cultivated plants contained different qualities. This should be observed and taken into account in connection with the recommendations of Hahnemann. *Aconite*, *digitalis*, and *phytolacca* were cited as examples.

Dr. HUGHES said this was provided for in the British Homœopathic Pharmacopœia.

Dr. RUNNELS thought that a crying need existed for something in common, for a pharmacopœia which should cover the ground in an authoritative manner. The question had been discussed at the recent meeting of the American Institute of Homœopathy, and a committee had been appointed to adopt or prepare a pharmacopœia, and he was sure that that committee would gladly co-operate with one appointed by their Convention. He would therefore move, "That having heard the papers prepared by Dr. Giesecke, of Dresden, and Mr. Wyborn, of London, this meeting thinks it very desirable that there should be an universal Homœopathic Pharmacopœia, and requests the Convention to appoint a committee to enquire into and further such a proceeding."

Dr. HEERMANN seconded Dr. Runnels's motion for the formation of a committee.

Dr. HUGHES said this, as a sectional meeting, could not vote on that, but could recommend the formation of a commission. Dr. Hughes moved a resolution to that effect.

This was accepted.

Dr. HUGHES thought there was one deficiency in the British Homœopathic Pharmacopœia, and that was in its preface. Some explanation should there be given of the reasons why Hahnemann's plan was departed from, especially as Dr. Giesecke supported it. All tinctures were now prepared by percolation, and not by a simple expression of the juice. The

British Homœopathic Pharmacopœia had the great advantage of a standard zero. It seemed wiser to take the crude substance of all substances as the zero. Hahnemann had attempted a uniform standard, but pharmacy was not sufficiently advanced in his day to enable him to attain to it. He hoped the proposal would be adopted, and that in these days, when all barriers were broken down, we should have an universal pharmacopœia of pharmacy.

Dr. CLARKE thought Mr. Wyborn had done a great service in bringing this subject before the Congress. He thought others must have noticed besides himself the variations in colour and strength of tinctures obtained at different pharmacies; and he was certainly surprised to learn that the 1x tincture in one country might be something very different from the 1x tincture of the same drug in another. He thought that it was clearly proved that some international standard was necessary, and that an International Convention could not do better work than decide what should be done to promote uniformity.

Dr. HOBART said he thought that by uniformity of the attenuations the differences would be lessened. Another point he mentioned was that in America the 8x attenuation of *phosphorus* was taken as the mother tincture by some, and hence, in reporting cases, confusion arose.

Mr. WYBORN (in reply) said, in reference to Dr. Giesecke's objection, that the measures and weights of the *British Homœopathic Pharmacopœia* were those used where English is spoken, and there were comparative tables given. The specific gravity as a test for tinctures was worthless. To exhaust any substance with five parts of liquid was in many cases impossible. In the case of opium twenty parts at least were required. He did not agree with the remark that wild plants gave tinctures of uniform strength. In answer to Dr. Cowl he said that his means of estimating the strength was simple—that of estimating the quantity of water in the plant. The reason why there was no explanation of the change from Hahnemann's method in the preface to the *British Homœopathic Pharmacopœia* was that it was given in the introduction and throughout the work. The difference, however, was not great. In England there was frequently the same mistake regarding *phosphorus* as that referred to by Dr. Hobart.

Dr. POPE (in the chair) made a few remarks on the absolute necessity of uniformity in pharmaceutical preparations to give full value to clinical results for scientific purposes, and read the resolution drafted by Dr. Hughes. This was carried unanimously, and subsequently brought before the Convention, when it was as unanimously agreed to.

On Wednesday evening (August 4), after the various toasts, mentioned in our last number, had been proposed and responded to, Dr. ROTH delivered the following *ex tempore*

#### REMARKS ON DRESS.

Gentlemen,—It is not my fault that you are again obliged to hear me after having done so almost constantly during the last two days. It is at the request of Dr. Cooper and several others of our colleagues that I address you, and as I was neither prepared for doing so, and had no time to make notes, you will excuse my coming before you with but crude remarks.

Addressing my colleagues, who know just as much as myself on the subject of dress, I have scarcely anything new to communicate. You all know that the principal object of dress is, first, to retain our natural heat; secondly, to protect our bodies against the various atmospheric influences and changes to which we are exposed; and I may, perhaps, add that it is the opinion of many people that dress should contribute towards beautifying and adorning us.

The materials of dress are taken principally from the animal and vegetable kingdom, and consist mostly of wool, silk, fur, felt, leather, feathers and down; linen, cotton, several grasses, straw, and the internal bark of trees. From the mineral kingdom I can only mention asbestos. The various animal and vegetable substances are mixed in great variety, and thus a large number of clothing materials are produced more or less suitable to the several seasons. On this part of the subject I do not intend to enter into further details.

From a hygienic point of view we must be careful not to employ such colours as when in contact with the skin produce irritation, eruptions, etc. Thus the aniline colours, as magenta, yellow, red, violet, used for the dye of stockings, have been observed to cause various skin disorders; chrome yellow and the various shades of arsenical green are also very injurious; green flowers and leaves used as ornaments on ladies' dresses have caused symptoms of arsenical poisoning, but my time does not permit me to enter fully into the important subject of colours, and I must restrict myself to mentioning the disagreeable effects of a bad choice of colours in ladies' dress, which on sensitive eyes produce the most disagreeable sensations.

It is extremely important that no article of dress should interfere with free respiration, free circulation, or any of the movements of the different parts of the body; therefore no portion of a dress should cause undue pressure on any part of the body, and no mark of such pressure should be observable anywhere.

In head-dress, tight hats, or caps for men and boys, tight ribbons, and elastics for fastening ladies' bonnets and caps, are always to be avoided, because they, as well as the tight collars of shirts and dresses and necklaces, cause headache, giddiness, bleeding from the nose, abnormal sensations in the ears, etc. Ladies' bonnets, made according to the fashion, cover either only a part or the whole surface of the head. During the last few years it has been the fashion to leave the front and upper part of the skull perfectly uncovered; thus rheumatic and neuralgic pains and colds in the head became prevalent. At that time *Punch* published a picture where a "tiger" was carrying a bonnet behind, and very near to the back of the lady's head without touching it at all. At present it is the fashion to leave a part of the upper and the whole of the posterior surface of the head uncovered, and thus these parts are entirely unprotected, except when the ladies have a quantity of their own or artificial hair; and, at the present moment, the fashionable hats with the brim raised on one side are placed on one side of the head only, and thus one-third of the upper surface of the head is exposed in the opposite direction.

On the bad effects of tight corsets, stays, girdles, bands, dresses, etc., medical men have written for more than a century without succeeding in inducing women to give up the habit of being tightly laced and compressed. You know very well all the baneful effects which occur in consequence; how woman's health becomes undermined, and how many of the diseases to which women are especially liable are thus produced. One of my colleagues has asked how women can be most suitably dressed. The natural answer is that they ought to avoid all articles of dress which compress both sides of the chest, which prevent deep inspiration and expansion of the lateral parts of the chest, and which press the abdominal organs downwards. As it is impossible to prevent women wearing stays and corsets, I will mention the best form—that which is the least injurious. The measure for a stay should be taken after a deep inspiration, and while the thorax is fully expanded through the increased quantity of air which is still filling the lungs. A second measure should be taken when the expiration has been completed. The difference of the two measures, which varies from one and a half to two and a half inches, should be supplied by an elastic webbing being inserted on both sides of the stay, and throughout its full length. A very good arrangement is to have the stay divided into two parts, an anterior and posterior, which are connected together by elastic bands of one inch in width, and are alternately fixed on the two parts. The transverse elastic strips are fixed in such a manner that one seam is run on



the posterior side of the front half, while the other seam is sewn to the anterior half of the hind part of the stay. The second transverse strip will be sewn in the contrary direction—that is, on the anterior side of the front part and posterior side of the back part. This alternate arrangement of the transverse elastic strips permits a perfect fitting of the corset without causing any pressure. No large steel or whalebone ought to be inserted as a busk in the middle of the front of the stay, and if this part is made to be laced or fastened by buckles, or by three or four transverse straps with hooks, the rucking-up of the material is prevented by the insertion of small and thin whalebones, which can be used to any amount. No shoulder-straps should be used, and the length of the stay should begin one inch below the armpit. Stays made on this principle, although different in form, will contract and fit during the expiration, and will enlarge during inspiration. They will not interfere with the various turning and bending movements of the body, and therefore not cause any injurious effects. The arrangement for inserting the elastic webbing can be changed in various ways, as by having an oblique longitudinal elastic strip inserted on both sides of the stay. It is also desirable to prevent pressure on the mammary glands, and therefore the gussets must be made in proportion to their size and form, in order to give them a support. Porous materials are preferable, in order to allow of evaporation from the sudatory glands. If stays are made to lace behind, and if it is necessary to open them, a flannel strip should be used to cover the spine, which is usually uncovered, and therefore colder than all the other parts.

A controversy has been raised about the fastening of the petticoats, drawers, and underclothing of women; some pretend that they should be fastened by braces or bands crossing the shoulders, in order to prevent any abdominal pressure. I object to this, because the weight of the underclothing induces the shoulder-blades to come forward and thus to cause a slight stoop, a round back, flat chest, etc. Abdominal pressure is prevented by the use of circular bands, which are sloped out at the upper edge in front, are fixed on and not above the hips, and fastened behind by two or three buttons. These bands, which form the upper part of the petticoats and drawers, vary in width from three to four inches, but when used for drawers they are opened on both sides of the hips by one or two buttons.

The fastening for gentlemen's trousers is done on a similar principle, as a circular band, which is formed by an elastic webbing of two to two and a half inches in width, is fastened inside the trousers, on the seams, corresponding to the height

of the hip, and forms the posterior part of the circle, while the anterior part is formed partly by the right front part of the trousers, and an additional strap fixed inside on the left seam corresponding the height of the left hip; here the circle is closed on the left side between the navel and left hip. I repeat that it is specially important that the circular bands, in both male and female attire, should be *on* and not *above* the hips.

Lately a new fashion has been introduced of using a special circular band for fastening stockings. These bands can be very well dispensed with, because if there is a loop on the outside of the top of the stocking to which a tape, with or without elastic, is attached, this tape can be fastened on a button fixed in the front and on the outside of the circular band, and for this purpose a hole is made in the petticoat for the passage of the tape. In this way the injurious pressure caused by garters is prevented, the stocking is easily fixed, the movements of the legs are free, and no additional circular band is required.

Many years ago I was induced to try the effect of digitated socks for the purpose of retaining the paralysed toes of a child in their natural position. Since that time I have found them useful in cases where there is an excessive perspiration between the toes, or where abrasions of the skin have taken place. At that time, about thirty years ago, I fancied that I was the first to invent stockings with toes, but my pride as an inventor was soon dispelled when, a year or two afterwards, I saw the officers of a Japanese Embassy wearing stockings with a division for the big toe. I have alluded to this trifle because Dr. Jaeger, who has become notorious by his advocacy of a merely woollen clothing system as the only hygienic one, has been assuming the title of great inventor of digitated stockings!

Instead of making any remarks on the form of hygienic boots and shoes, I prefer to mention Professor Meyer's little book, entitled, *Why Does the Shoe Pinch?* The principal features in hygienic boots are that the outline of the foot should be taken after the full weight of the body has been put up on it and all the toes placed each in its natural position; the measure for the instep must be taken while the person is sitting; the thickness of the heels should correspond to that of the soles, and have the same outline as the natural heel. Lacing is preferable to elastic sides or buttons, because the boot can always be kept in the same position and adapted to the comfort of the pedestrian, while elastics, after a short time, lose their elasticity, and are frequently torn in the direction of the ankles.

During the last few years underclothing has been made of woollen, cotton, or silk netting, with the object of having a layer of air between the body and the ordinary clothing. A

similar object is obtained by vests of Shetland wool very loosely knitted and containing large openings; undulated *crépe* vests have also been introduced for the same purpose.

In water-tight dresses it is desirable to have openings with flaps for the purpose of ventilation, otherwise the whole body is in a perspiration, because, without these openings, the dress is not only *water-tight* but *air-tight*.

Some preparations of alum are recommended for making the material water-tight, while not interfering with the ventilation of the body.

I regret that I have no models with me for the purpose of illustrating the principles of hygienic dress, but our American colleagues who are present and are interested in the subject may find a collection of illustrations of Physical Education in the Government Educational Department, Washington, which I presented to the American Government. This collection was exhibited at the Health Exhibition, South Kensington, in 1884, and a gold medal was awarded to it. Besides this acknowledgment I received a few months ago an additional bronze medal for the baby's dress exhibited in that collection. I have for many years been impressed by the improper modes of handling of new-born and older babies by their mothers and nurses. The little creatures are turned round from five to six times while being dressed, often to their great distress and discomfort, and this suggested the idea of making all babies' dresses to open in front; while dressing, these should be placed on a pillow in layers, the outer clothing being first and the other layers following, in such a manner that the bandage for the navel and the napkin are placed uppermost; the baby is laid down on the top of all the garments, and one layer after the other can then be fastened in front without changing its position.

For school girls and younger boys blouses with a yoke round the neck, large arm-holes, and the body in folds, fastened either by a belt or by tapes are most suitable. Arm-holes in general should be circular at the top and elliptical in the lower part, or a gusset ought to be inserted in the lower part. Girls and women often have trouble when putting on their vests and shirts, because the opening at the top of these garments is too small; they are thus obliged to wriggle with the shoulders, and to raise them up in order to get the arms into the sleeves. Openings six or eight inches larger in front would prevent this inconvenience. Boys and men are often stooping, their shoulders brought too much forward, their chest flattened, the movements of their arms interfered with, and besides they are unable to take a deep breath in consequence of the tightness of their coats across the shoulders.

If tailors would take the measure across the chest while the arms are horizontally raised, and the person requested to stand upright, all these disagreeables might be prevented.

I fear I have detained you much longer than I intended, although I have tried to give a mere outline of the subject, and I have only to thank you for the kind attention with which you have listened to my aphoristic remarks.

This address was listened to with great interest, and received with much applause. At its conclusion a very hearty vote of thanks was accorded to Dr. Roth for his kindness in delivering it.

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Again, we have to present our acknowledgments to Dr. Clarke for the opportunity of using his notes of the discussions at the Sectional meetings taken in his double capacity of Assistant Secretary of the Convention and editor of *The Homœopathic World*.

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As we think it only right that our readers should be made fully acquainted with all that was done to overcome the lethargy of our Continental brethren with regard to the recent Convention, we here reprint the letter addressed to each of 406 German homœopathic physicians by Dr. Hughes.

INTERNATIONAL HOMŒOPATHIC CONVENTION, BASEL, SCHWEIZ,  
1886.

My Dear Colleague,—At the "World's Homœopathic Convention," held at Philadelphia, in 1876, and attended—*inter alias*—by the late Dr. Clotar Müller and Dr. Haupt, it was determined that a similar International Congress should be held every five years, in some principal city of the world. Accordingly a second meeting took place in London, in 1881. Germany was (by a mischance) not personally represented there, but sent a token of its good will in the shape of a fraternal address. Before separating, it was resolved that the meeting of 1886 should be held in Brussels, in order that as many as possible of the homœopathists of the Continent of Europe might be present. To this arrangement Germany gave a tacit assent; and, as the time drew near, it explicitly endorsed the plan. Invited by the President to express their opinion, 66 members of the Homœopathischer Centralverein Deutschland voted that their annual gathering should take place at Brussels, in order that those present might also assist at the International Convention.

By a series of unfortunate circumstances it has been rendered impossible that Brussels, or any city in Belgium, should be our place of meeting this year. In choosing a substitute, however, I have had specially in view the convenience of

German homœopathists, and hoped that in Basle I had found one of cheap and ready access for them as well as for those of the neighbouring countries. It is therefore with deep regret I learn that few or none are to be expected from the motherland of homœopathy; and that I find even my circular announcing the place and time of meeting refused admission to the columns of the *Allgemeine Homöopathische Zeitung*. The editor bases this exclusion on a letter from Dr. Weber, of Köln, printed in the number for June 22nd. The argument herein is directed against all regular congresses whatever of an international kind, among homœopathists. It would be quite relevant to the question whether we should meet again in 1891; but one cannot discuss the principle of the thing on the very eve of a meeting. No intimation was given me, when I assumed the charge of the arrangements for the convention, that Germany was opposed to its being held at all. In that case I need not have gone so far east for a place of meeting. As it is, it appears that England and France and Belgium are to advance more than half-way to meet their German brethren, and to find none at the rendezvous!

In the hope that it is not too late for this suicidal determination to be reversed, I issue the present notice and appeal. The Third International Homœopathic Convention will assemble at Basle on Tuesday the 3rd, Wednesday the 4th, and Thursday the 5th of August, 1886. The first day will be devoted to general considerations bearing on Homœopathy, the second to *Materia Medica*, the third to *Clinical Medicine*. Among the subjects for discussion are the Revision of the *Materia Medica*, now in progress, and the formation of an International Pharmacopœia. I shall be at the "Schweizerhof," near the central station, on the Monday afternoon, to enrol members and give *précis* of the papers for discussion, and all information; and on the evening of that day, at 8.30, a meeting will be held to elect officers and adopt rules of procedure.

To this gathering I earnestly invite the homœopathists of the German-speaking countries, to whom the present circular is addressed. I will not believe that they can be so wanting in public spirit as to refuse to make the same sacrifices to attend it as must be made by those who come from other countries. I trust that you, my dear colleague, will set example and contribute assistance by giving us the pleasure of your personal presence.

Believe me,

Yours very faithfully,

RICHARD HUGHES,

Permanent Secretary.

Brighton, England, July 17, 1886.

## NOTABILIA.

## THE HAHNEMANN ORATION.

THE Hahnemann Oration for 1886, will, we understand, be delivered by Dr. J. H. Clarke at the London Homœopathic Hospital on Tuesday next, the 5th October, at five o'clock in the afternoon, the subject being *The Revolution in Medicine*.

## THE LANCET ON HOMŒOPATHY.

SOME one, writing under the *nom de plume* "Old True Blue," has addressed a series of questions regarding homœopathy to the editor of *The Lancet*, and the replies he receives are just such as might have been expected from a Chinese mandarin of fifty years ago to enquiries addressed to him respecting western civilisation!

The first query is "What is Homœopathy?" "That," replies the oracle, "is a poser." He adds that "there are probably not six homœopaths in England who would accept the principles of homœopathy laid down by Hahnemann. Dr. Kidd, who is the most popular leader of the sect, says that there are two principles, *similia similibus curantur* and *contraria contrariis curantur*." It would have been difficult for any one, however ingenious, and at the same time however unscrupulous, to have contrived to put a larger amount of misleading matter into a smaller number of words than is done here. To say that to define homœopathy is "a poser" to the writer may possibly be true—though we doubt it. To assert that there are not six homœopaths in this country who would accept the principles of homœopathy laid down by Hahnemann is to state what is notoriously untrue. To have said that there are not six homœopaths prepared to admit the accuracy of every statement contained in *The Organon of Medicine* would have been true enough—but to declare that not six homœopaths amongst us believe in the principles of homœopathy, viz: the law of drug selection—the physiological study of the action of drugs—the small dose and the single medicine—is utterly unfounded. There are fully three hundred and probably a great many more.

Then again, to represent Dr. Kidd as "the most popular leader of the sect"—as homœopaths are here called—is to give to that very popular physician a position which he would be the first to repudiate. He withdrew from every association which could in any way connect him with homœopathy several years ago. It is perfectly true that Dr. Kidd believes in homœopathy, that is to say he believes in the advantage to the

sick of medicines which produce similar conditions in health ; but he at the same time very frequently—far more so than most physicians—who have had considerable experience of homœopathy—resorts to the use of remedies having an opposite action, and to an almost infinite variety of medicinal appliances which neither he nor any one else would regard as homœopathic in their action. He has nowhere stated that the two principles named, in the paragraph we have quoted, represent homœopathy. His contention is that both are available as a basis of drug selection, the one giving a homœopathic, the other an antipathic or palliative remedy. Probably enough this is as well known to the editor of *The Lancet* as it is to every one else.

2. "There is no Homœopathic University in England, nor so far as we know in Europe." The first part of this reply is true enough, but wherever Dr. Ringer, Dr. Brunton or Dr. Murrell teach, there must be a good deal of homœopathy taught—empirically, and therefore so far imperfectly it is true, but still taught—unless their lectures differ widely from their published writings on therapeutics. In Europe homœopathy is taught at the University of Pesth, at any rate.

3. "There is no homœopathic licensing body in England." That is true, and some would add, "and pity 'tis, 'tis true."

4. "Homœopathy is not the best practice according to the best science of the day, but is a fad and a fallacy." In the course of a review of Dr. Lauder Brunton's *Text-Book of Pharmacology, Therapeutics and Materia Medica* in the *Lancet*, the author was congratulated "on the appearance of his masterly work," and students "on being at last placed in possession of a scientific treatise on a subject of enormous practical importance." It also described it as "a book of study for the scientist, and a work of reference for the practical physician." If homœopathy were, as stated, "a fad and a fallacy," it would be impossible to describe Dr. Brunton's work as "one of reference for the practical physician." It would be so for the simple reasons that its method of enquiry into the action of drugs is that first pursued by Hahnemann, more or less improved by the developments of science since his time ; and secondly, because fully sixty per cent. of the applications of medicines advised in *The Index of Diseases and Remedies*, with which the book concludes, were first made known through homœopathy, applications which could not be true if homœopathy were a fallacy, applications the knowledge of which Dr. Brunton obtained from the study of the writings of homœopathic physicians. No one, we will venture to say, knows better than Dr. Brunton that homœopathy, so far from being "a fad and a fallacy," is "a subject of enormous importance."

## TREATMENT OF THE INSANE.

NEW YORK was the first of the States to recognise the claims of the homœopathic system of medical treatment in founding an Asylum for the Insane. As a matter of course, the older and so-called "regular" medical fraternity were vehemently opposed to the founding of this institution, under State authority and supervision, upon the ground that homœopathy was unscientific—quackery, in short—and therefore should not be encouraged. But the friends of the new system contended that it was no more a function of the State to decide what is scientific in medicine than what is orthodox in religion. Homœopathy being accepted by a large, respectable and intelligent portion of the community as the best system of medical practice, it was only fair, they said, that the State, if it were to undertake the care of the insane, should act impartially towards the old and the new systems, indorsing neither as exclusively right, but giving both an equal chance.

After a hard battle this idea was accepted as rational and just, and the Asylum for the Insane at Middletown, Orange County, first organised in 1869 as a private institution, was adopted by the State in 1870. The sum of \$75,000 had been subscribed by individuals, while the Legislature subsequently made appropriations for the erection of the necessary buildings and for the complete equipment of the institution. It has from the first been under the care of a highly competent Board of Trustees, who have managed it with great diligence, fidelity and success, until now it may be regarded as resting upon solid foundations. It has, indeed, demonstrated by its work its right to exist, and justified the faith of its original founders and promoters. It has accommodations for 400 patients. The location is healthful; the surroundings are all that could be desired. In regard to the results of its work, it is enough to say that they compare favourably with those of the asylums under allopathic direction. The percentage of cures in proportion to the number of patients discharged—which was last year 50.38—is as great, to say the least, as under the older system, while the arrangements for the comfort of the patients are most commendable. If the ancient proverb, "The proof of the pudding is in the eating thereof," may be applied in this case, homœopathy has certainly no reason to blush in the presence of its rivals.

The soul of such an institution is or should be its medical superintendent. The man who has held this position for the last ten years in the Middletown Asylum is Dr. Selden H. Talcott, one of the most distinguished specialists in the country. His last annual report, presented to the Legislature in January last, is a mine of valuable information, not



only revealing the whole internal arrangements of the institution, its methods of treatment and the reasons therefor, &c., but embracing valuable suggestions upon the whole subject of insanity, its causes, manifestations and cure, and clearly setting forth the duty of society and Government to those whose minds are disordered.

The method of treatment which has proved so successful at Middletown embraces, as its salient features, kindness and gentle discipline; rest as a means for physical and mental recuperation; enforced protection; open-air exercise, amusement and occupation, as stimulants to the renewal of health; diet and artificial feeding; mental and moral hygiene; and wholesome sanitary surroundings. The use of force and common restraints has been almost entirely dispensed with in this asylum, and the whole aim is to summon to the aid of the medical staff the self-possessed, though latent, powers of the patients. Weak wills are stirred to new, steady and persistent exercise. Self-control is enjoined to the degree of overcoming natural perversity, waywardness and eccentricity.

In no respect, perhaps, has medical and social science made greater advances within the last fifty years than in this matter of the treatment of the insane, which in former times was often marked by ignorance and cruelty. It is shocking, indeed, to remember by what rude and coarse devices the insane were once restrained from doing themselves or others bodily harm, and how these devices only aggravated the mental disorder, and made recovery hopeless. We call to mind now the case of a lunatic in a New England town, who was consigned from year to year to the care of whosoever would perform the task at the lowest rate. He was shut up in a rude cage in an outhouse, where he was fed like a wild beast, clothed in rags, and left to howl night and day at will. The children of the neighbourhood were allowed free access to the building, where they could see and talk with him through the bars of his cage, and play upon him such pranks as they pleased! It was a horrid spectacle, which we shudder to recall; and turning from it to the scenes presented in a modern asylum for the insane is like emerging from a chamber of horrors into a hall full of rosy light, amidst the scent of flowers and the songs of birds.—*Frank Leslie's Illustrated Newspaper.*

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#### CALCUTTA HOMŒOPATHIC CHARITABLE DISPENSARY.

From the report of this institution for the year ending June 30th, 1886, we learn that 1,075 patients were admitted, of whom 1,036 were Hindus and 39 Mahometans. The percentage of recoveries was 65.8.

Dr. Satkari Dey is the physician.

**THE PROGRESS OF HOMŒOPATHY IN CALCUTTA.**

HOMŒOPATHIC treatment of diseases is making great and rapid progress in Calcutta at the present day. There was a time, not very long ago, when homœopathy found but few practitioners, patients or admirers. But just now a homœopathic dispensary is to be met with in almost every nook and corner of this city; and the number of homœopathic practitioners and patients is so largely increasing that homœopathic journals, both in English and Bengali, are proportionately multiplying. This largely growing popularity of homœopathy is, of course, to be ascribed to the numerous cures effected by this system of treatment. Homœopathy was originally laughed at even in this city, and scouted as an empirical method of medical practice; and at one time a regular crusade was waged against it by the doctors of the orthodox school of allopathy. But truth will always prevail; and homœopathy has so widely and strongly established the soundness of its principles that many allopathic doctors have turned homœopaths.—*The Indian Mirror*, Calcutta, July 5th, 1886.

**POISONING BY CAMPHOR.**

MR. EDWARD EAST gives the following report of a case of camphor poisoning in the *British Medical Journal*:—

“I was called at 10 p.m. on February 23rd, 1886, to see a young gentleman, aged 19, ‘in a fit.’ I found him on the floor in convulsions, his face and neck dusky, and foam flying from his mouth. The pulse was full, and the pupils dilated. The shirt was immediately loosed, and cold effusion used, with the result that the convulsions ceased, and he became quieter. After five minutes, retching began, and the small quantity of fluid that came up smelt strongly of camphor. Ten minutes later, or a quarter of an hour from the time I first saw him, I got him up, and, by dint of firmness, persuaded him to go up to his room, undressed him, and put him to bed. There he expressed himself as quite comfortable, and only sleepy. I ascertained that my patient, who is a teetotaller, had a cold in the head, for which he had sought advice of a druggist, who recommended essence of camphor. A half-ounce of Rubini’s essence was given him; and, about 7.30, he saturated a large lump of sugar, spilling a little of the camphor in the process. Not content with this, he took, at 8.30, about the same quantity in water, went to the smoke room, and smoked two pipes of tobacco. At 9.30 he began to feel giddy, and to be losing his self-control, and talked incoherently and excitedly, ran upstairs, and fell on the floor ‘in a fit.’ Two other members of the family had thirteen drops between them, and there remained in the bottle exactly eighty drops, so that two-

and a-half drachms have to be accounted for ; and I conclude that my patient must have taken almost two drachms, if not quite—a large dose from which to recover so rapidly. With the exception of a bad headache, my patient was quite well the next morning, and ate a good breakfast, but his cold was no better.

“An interesting point in this case was that, from 9.30, when the poisonous action of the camphor began to assert itself, until 11.30, when he really first regained consciousness, he was entirely unconscious of all that he did or said ; and yet, resented the application of the cold water, both by speech and action ; answered my questions intelligently, as to pain, &c. ; walked upstairs, and assisted in preparing himself for bed ; and, when there, said he was comfortable. In the morning, he assured me that he had not been cognisant of my visit. Another point is, that no one suspected the harmless domestic remedy ; and that, until the retching began, the patient was, to all appearances, suffering from an epileptic seizure. Anyhow, my patient assured me that he will never again play with essence of camphor, and is fully aware of his narrow escape from death.”

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### A CHEMICAL BEAUTY.

A CELEBRATED Parisian belle, says the *Popular Science News*, who had acquired the habit of whitewashing herself, so to speak, from the soles of her feet to the roots of her hair with chemically-prepared cosmetics, one day took a medicated bath, and, on emerging from it, she was horrified to find herself as black as an Ethiopian. The transformation was complete ; not a vestige of the “supreme Caucasian race” was left. Her physician was sent for in alarm and haste. On his arrival he laughed immoderately, and said, “Madam, you are not ill ; you are a chemical product. You are no longer a woman, but a ‘sulphide.’ It is not now a question of medical treatment, but of simple chemical reaction. I shall subject you to a bath of sulphuric acid diluted with water. The acid will have the honour of combining with you ; it will take up the sulphur, the metal will produce a ‘sulphate,’ and we shall find as a ‘precipitate’ a very pretty woman.” The good-natured physician went through with his reaction, and the belle was restored to her membership with the white race.

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### BRITISH HOMŒOPATHIC SOCIETY.

THE first meeting of the Session, 1886-7, will be held at the London Homœopathic Hospital on Thursday next, the 7th

instant, at seven o'clock. At eight o'clock a paper on *The Physiological Action and Therapeutic Uses of Tartar Emetic* will be read by Dr. Pope of Tunbridge Wells.

SUBSCRIPTIONS TO THE INTERNATIONAL  
HOMŒOPATHIC MEDICAL CONVENTION.

	£	s.	d.
Dr. Clarke, London ... ..	1	1	0
Dr. Drysdale, Liverpool... ..	8	0	0
Dr. W. Epps, London ... ..	1	1	0
Dr. Roth, London ... ..	1	1	0
Dr. B. Schmitz (20 fr.) Antwerp ... ..	0	16	0
Dr. Dudgeon, London ... ..	1	1	0
Dr. Nield, Tunbridge Wells ... ..	1	1	0
Dr. George Scriven, Dublin ... ..	1	1	0
Dr. Rush, Salem, Ohio ... ..	0	10	0
Dr. Church, Salem, Ohio ... ..	0	10	0
Mr. T. Engall, London ... ..	0	10	6
Dr. Pope, Tunbridge Wells ... ..	1	1	0
Dr. O. Hansen, Copenhagen ... ..	2	10	0
Major Vaughan Morgan... ..	1	0	0
Dr. Cash, Torquay ... ..	1	1	0
Dr. Leseure, Milwaukee ... ..	1	0	0
Dr. Léon Simon, <i>Fils</i> (20 fr.) Paris ... ..	0	16	0
Dr. Hobart (20 fr.) Chicago ... ..	0	16	0
Dr. Wilder (10 fr.) New York ... ..	0	8	0
Dr. Hayward, Liverpool... ..	1	0	0
Dr. Black Noble ... ..	1	1	0

At the meeting of the American Institute of Homœopathy, the following gentlemen subscribed \$5 each:—

Dr. J. P. Dake, Nashville; Dr. I. T. Talbot, Dr. C. Wesselhœft, Dr. C. H. Walker, Boston; Dr. H. E. Spalding, Hingham; Dr. H. B. Clarke, New Bedford; Dr. W. B. Chamberlain, Worcester; Dr. B. W. James, Dr. M. S. Williamson, Dr. A. R. Thomas, Philadelphia; Dr. J. H. McClelland, Dr. J. C. Burgher, Dr. H. Willard, Pittsburgh; Dr. G. M. Kellogg, Dr. H. D. Paine, Dr. T. F. Allen, Dr. F. M. Storey, New York; Dr. A. B. Wright, Buffalo; Dr. A. W. Woodward, Dr. E. H. Pratt, Chicago; Dr. A. A. Whipple, Quincy; Dr. C. L. Cleveland, Dr. N. Schneider, Cleveland; Dr. G. B. Peck, Dr. R. Hall, Dr. W. Von Gottschalck, Providence; Dr. R. C. Moffat, Brooklyn; Dr. A. J. Sawyer, Munroe; Dr. O. S. Runnels, Indianapolis; Dr. T. Y. Kinne, Paterson; Dr. J.

P. Jefferds, Bangor; Dr. J. V. Hobson, Richmond;  
D. J. A. Rockwell, Norwich; Dr. Anna Warren,  
Emporia; Dr. A. C. Cowperthwaite, Iowa; Dr. L.  
Sherman, Milwaukee; Horlud's Food Company,  
Racine; Dr. B. Arnulphy, Nice, France ... .. 88 17 1

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£61 2 7

Dr. Vincent Léon Simon, of Paris, and Dr. Boniface, of Antwerp, have, at their own expense, printed and circulated throughout France and Belgium the French version of the circular of the Permanent Secretary.

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CORRESPONDENCE.

NERVOUS NOISES IN THE EAR.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—In your account of the proceedings at Basle, at which I was unable to be present, there is a paragraph referring to Dr. Cooper's paper on *Ear Disease and Gout*, which is as follows:—In answer to the question whether there were no purely nervous noises with vascular derangement, "Dr. Cooper said it was difficult to say, but he did not think a pure affection of the auditory nerve could of itself give rise to noises. Dr. Cooper's argument was that the auditory nerve could not generate noises, but only register them." This raises an important question. It is to be presumed that Dr. Cooper does not claim any peculiarity for the auditory nerve, separating it from obedience to laws that prevail in other parts of the nervous system. And this being the case the principle is involved that nerves only register sensations and do not create them. It may be well to ask how far this is borne out by the facts of physiology. Under ordinary normal conditions we may agree that it is the business of nerves to transmit and not to originate impressions. But does the case hold in disease? "A stimulus of any kind applied to the optic nerve along any part of its course, if it is able to start any impulse at all, gives rise to the sensation of light, and precisely the same stimulus applied to the acoustic nerve along any part of its course gives rise to the sensation of sound; and so on."—*Foster's Physiology*.

That a stimulus does affect the optic nerve in this manner is known from the familiar experiment of the galvanic current. We have evidence in the sciatic nerve that gout may affect it in this special manner. In retinitis we have flashes of light, and similarly we get false sensations in all the special senses. We are also familiar with a class of neuralgic affections which

are evidently of an essentially nervous character. These all seem to show that the functional activity of the nerves does not always require an external cause, but that morbid processes acting as stimuli along any part of their course may generate very painful impressions. In like manner the motor nerves that are ordinarily under the control of the will may take on an activity of their own in traumatic tetanus and *strychnia* poisoning. With respect to the special case referred to by Dr. Cooper the gouty poison may possibly be traced to the structures of the ear external to the nerve of special sense, but in the absence of such evidence I want to ask Dr. Cooper whether, on reconsidering the matter, he did not arrive at his conclusion rather hastily.—Yours &c.,

Birkenhead, Sept. 10, 1886.

P. PROCTOR.

## NOTICES TO CORRESPONDENTS.

\*.\* We cannot undertake to return rejected manuscripts.

ERRATUM.—On page 518, line 24, for "Dr. J. G. BLACKLEY" read Dr. C. H. BLACKLEY (Manchester).

Communications, &c., have been received from Dr. DUDGEON, Dr. J. G. BLACKLEY, Dr. ROTH, Dr. CLARKE (London), Dr. HAYWARD (Liverpool), Dr. PROCTOR (Birkenhead), Dr. A. M. CROUCHER (St. Leonards), Mr. POTTAGE (Edinburgh), Dr. BARTLETT (Philadelphia), Dr. BONINO (Turin), Dr. BATAULT (Geneva), Dr. DEARBORN (New York), &c.

## BOOKS RECEIVED.

*The Homœopathic World.* Sept. London.—*The Hospital Gazette and Students' Journal.* Sept. London.—*The Chemist and Druggist.* Sept. London.—*The Monthly Magazine of Pharmacy, &c.* Sept. London.—*Healthy Life: a Hydropathic and Sanitary Journal.* July. London.—*The New York Medical Times.* Sept.—*The American Homœopathist.* Sept. New York.—*The New England Medical Gazette.* Sept. Boston.—*The Hahnemannian Monthly.* Sept. Philadelphia.—*The Medical Era.* Sept. Chicago.—*The Medical Advance.* Sept. Ann Arbor., Mich.—*Middletown Daily Press.* Aug. 11. *Tveiftå Annual Report of the Villa Helvetia Home,* Mentone. *Bibliothèque Homœopathique.* July. Paris.—*Bulletin de la Société Homœopathique de France.* July and August. Paris.—*Revue Homœopathique Belge.* July. Brussels.—*Allgemeine Homœopathische Zeitung.* August. Leipzig.—*Rivista Omiopatica.* August. Rome.—*El Criterio Médico.* August. Madrid.—*Revista General de Homœopatía.* August. Bilbao.—*La Reforma Médica.* August. Mexico.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 13, Church Road, Tunbridge Wells, or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

OXFORD UNIVERSITY  
SCHOOL OF MEDICINE  
668

THE MONTHLY  
HOMŒOPATHIC REVIEW.

—:—

ON THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF *TARTAR EMETIC*.\*

BY ALFRED C. POPE, M.D.

*Tartar emetic*, the *antimonium tartaricum* of the *British Homœopathic Pharmacopœia*, and *antimonium tartaratum* of that issued by the General Council of Medical Education and Registration, is a tartrate of potash and antimony, prepared by boiling the acid tartrate of potash and the oxide of antimony together. From the colourless and transparent crystals resulting, the *Homœopathic Pharmacopœia* directs the first decimal preparation to be made by trituration, the second by solution in distilled water, to which five per cent. of rectified spirit has been added; dilute alcohol is used for the second centesimal, and rectified spirit for the third and higher.

Our knowledge of the pathogenetic properties of this salt is derived from provings and experiments made by Hahnemann, Mayerhofer, Molin and others, together with cases of poisoning gathered from the records of medicine. These are collected and arranged after the manner of Hahnemann in Allen's *Cyclopædia of Materia Medica*. More recently, the chief of these provings,

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\* Read before the British Homœopathic Society, October 7th, 1886.

experiments and poisonings have been presented in the *Cyclopædia of Drug Pathogenesis* in the order in which the symptoms marking each occurred; a method giving an advantage to the student which cannot fail to be appreciated, one which most certainly enhances our opportunity for understanding the *modus operandi* of a drug, and enables us to deduce, with greater clearness than was previously possible, the forms of disease in which it is likely to prove a remedy.

Dr. Sidney Ringer defines *tartar emetic* as "a protoplasmic poison which destroys the functions of all the organs of the body in the order of their vital endowments." He further states that "it paralyses the central nervous system, the motor nerves, the muscles, and destroys sensation." (*Handbook of Therapeutics*, 10th ed., p. 283). These inferences, you will observe, are drawn from its ultimate effects. If we were in ignorance of the various steps and stages by which such terminations are reached, we should have but little to guide us in prescribing it in disease, and that little would be, to a very large extent at any rate, misleading. Dr. Ringer goes on to say that his "experiments, however, fail to show whether it manifests for all nitrogenous tissues an equal affinity, or whether it has a special action on some." To acquire this knowledge, so all-important to the therapist, systematic provings or experiments with small and gradually increasing doses, up to the limits of tolerance, can alone be relied upon. To prescribe medicines successfully, we must know their action just as we do the processes of diseases, viz.: by their at first slight, then more characteristic, and, finally, fully pronounced indications or symptoms. By so studying a medicine not only do we get a clear insight into its influence on the body, but we at the same time obtain more distinct ideas as to the course of disease itself—for a proving when carried to its fullest extent is the history of a case of disease, not indeed of one allowed to proceed to the *post mortem* room, but sufficiently far to be recognised, and when studied in connection with the *post mortem* revelations of an accidental poisoning by the same substance, it enables us to trace the disease-progress from its earliest manifestations to its final stage. The study, then, of *Materia Medica*, after the manner of Hahnemann, not only gives us the most complete attainable knowledge of



the properties of a drug, but is a direct aid in our investigations of the natural history of disease, in other words of pathology.

The experiments, then, upon which our knowledge of *tartar emetic* is based do enable us to ascertain very precisely, not only the tissues and organs for which it has an affinity, but also the manner in which this affinity is expressed, and the degree in which it exists in each.

By taking this drug in small doses, in such as those who only recognise in it a "nauseant," an "expectorant" or a "diaphoretic" would regard as "medicinal," or persevering for some length of time in using such as are infinitesimal, we learn that it has an affinity for the central organ of the nervous system, that it abnormally increases the metamorphosis of tissue, has an affinity for the salivary glands, the mucous membrane of the stomach, the intestines and the bronchi and finally for the skin. In individual instances some phases of the drug's action are more pronounced than others, while in a few, symptoms particularly prominent in the majority of provers may be entirely absent. But taking the general run of cases of experiment and poisoning, we find that, what we may term the *tartar emetic* illness commences with restlessness, sleep is full of dreams, followed by a sense of confusion in the head and pressure in the forehead; nausea: taste is bitter and eructations of the same flavour occur, with a sense of pressure at the epigastrium. We next meet with chills, attended with a rapidly increasing prostration, to be followed after a time by cold and clammy perspiration. Then come increase of the saliva, with oppression at the chest, slight at first but subsequently greatly increased, together with an excess of bronchial mucus, giving rise to audible mucous râles. The irritation of the mucous lining of the stomach increases. The tongue, at first brownish, becomes covered with a silvery white paste; bitter eructations are more frequent, the nausea more pronounced and attended with an inclination to vomit, waterbrash, salivation and thirst, terminating in the vomiting of a good deal of bitter tasting mucus. The surface of the abdomen becomes tender on pressure, and diarrhœa of bright offensive stools sets in.

*Pari passu* with these conditions, does the prostration increase, and the excretion of uric acid and urea become

more copious. Lastly, itching of the skin and a papular eruption furnish the earliest manifestation of that well-marked and extensive pustular eruption which is characteristic of its action when large and long-continued doses are taken internally, when it is injected hypodermically, as well as when it obtains admission to the tissues for which it has an affinity through inunction.

With this brief outline of the development of ill-health produced by *tartar emetic*, I proceed to enter more into detail regarding each phase of the drug's action. It will be convenient to examine *first* of all the kind of febrile disturbance our drug sets up, and, *secondly*, the nature of its influence on the nervous system.

On the eighth day of his proving (the earliest indications of medicinal action having appeared on the sixth) Dr. Mayerhofer, who was taking daily one drachm of a one per cent. solution of *tartar emetic* before going to bed, found his pulse somewhat excited and lively, and a chilly feeling to pervade the extremities, with prostration, sleep being at the same time restless and dreamful. This condition appears to have continued more or less, and on the eleventh day the heat is followed by profuse perspiration, the appetite is diminished, and the thirst increased. Omitting the drug for a couple of days, he notices on resuming it a chilly feeling all over the body from within outwards, without any power to get warm, and at the same time general malaise. In a proving made three weeks later he took a grain of the salt at once. In fifteen minutes the pulse had quickened and became full, he was anxious, his face pale, perspiration broke out and a great deal of pale urine was passed. After some hours two pappy stools were followed by great prostration, when he fell asleep and awoke in a profuse perspiration. The febrile symptoms noted in Dr. Molin's proving were in all respects similar. It is interesting to note, *en passant*, that Dr. Mayerhofer, when taking a daily dose of a little over half a grain, felt the first increase of heat on the eighth day: when he took a grain at once this occurred in fifteen minutes. Dr. Molin, who took five milligrammes of *tartar emetic* daily for six days without experiencing any appreciable difference in his health, then took a centigramme in the morning and another in the evening, and at five on the following morning was

awakened by a violent rigor lasting 20 minutes, followed by heat, the pulse—normally 64—had risen to 78 and become full and strong, skin hot, face red, thirst urgent, with heat in the head and pretty strong palpitation. When, on a subsequent occasion, he took morning and evening doses of two drops of the sixth dilution, twenty-seven days elapsed ere febrile symptoms of the same kind appeared, and it is equally important to remember that then they did appear.

In cases of fatal poisoning the rigors and heat are not observed, but prostration and sweating appear at once, usually attended by vomiting, preceded and accompanied by intense nausea.

The experiments of Ackermann showed that nausea and increase of the pulse occur at the same time, and proceed *pari passu*. The pulse he found not only quicker, but weaker, its strength and frequency being in an inverse ratio. The increase of temperature was on an average 1° F., while in Dr. Ringer's experiments it rarely exceeded 0.4° F. in excess of the normal.

From the facts I have now set forth, we learn that it is no specific form of fever that is typified in the pathogenesis of *tartar emetic*, but a febrile movement of an adynamic character, sympathetic to and arising out of that specific irritation of one or more of the viscera which it occasions. We shall find as we proceed that wherever this irritation exists, whether in the brain, the stomach or intestines, the bronchi or the skin, it is attended by a febrile state, the characteristics of which are prostration and sweating, and that the intensity of the one bears a direct relation to the degree of the other.

*Secondly*, in reviewing the alterations in the health of the nervous system to which it gives rise, the first thing that strikes us is, that in all provers the usual nightly sleep was disturbed by dreams of a more or less confusing character. Gross tells us that the prover dreamt constantly about incendiary fires from which he was always trying to escape, but the fire seemed to break out in every place he went to.

Then we notice that headache is a more or less constant symptom in all phases of disordered health occasioned by *tartar emetic*, and is especially associated with the sickness it provokes. The head is described as feeling "confused." The pain as that of pressure, weight and

tightness ; and the locality, the vertex sinciput and forehead.

In provings there is a well-marked degree of mental depression, while in cases of poisoning this extends to absolute despondency and fear. In a case reported by Dr. Woodbury, of Boston, the patient "dreaded above all things to be left alone, even for a few moments, lest 'he should be dreadfully nervous and not know what to do with himself.' His countenance was unusually pale, and wore an expression of extreme anxiety." In another, recorded by Dr. Taylor, we are told that "the most prominent symptom was a constant feeling of such depression that death seemed to be close at hand." In a very serious case of poisoning reported by Froschel (*Cyc. Drug Pathogenesis*, vol. i, p. 301), the symptoms were attended "with considerable fever and nightly delirium." In a fatal case, the details of which originally appeared in *The Lancet*, 1846, the vomiting, purging and great prostration which were rapidly set up were "followed by delirium and tetanic spasms." In Allen's *Encyclopædia of Pure Materia Medica* the two following symptoms are cited from cases of poisoning reported in Orfila's *Toxicologie*. "Furious delirium on the third day." "Loss of consciousness, he falls into a state of stupor interrupted from time to time by spasms." Krebs, in *Hygea*, reported a case of poisoning from inunction, where there were "no pustules, but an inflammation of the meninges of the brain; the patient ran about delirious." Allen, from another case reported in *The Lancet*, quotes "constant contraction of all the muscles, especially of the abdomen and upper extremities, as being present." From one in Stapf's collection he derives the symptoms "long continued trembling of the head and a paralytic trembling in the hands on every motion."

*Post mortem* examinations have shown that in one instance "the dura mater was very vascular; the longitudinal sinus contained a coagulum of lymph but very little blood; the vessels on the surface of the brain were very much injected with dark blood, the whole surface having a deep purple appearance, and every portion of brain presented many bloody points on section. Cerebellum and medulla oblongata were also extremely vascular; there was no effusion into the ventricles." In this case there had been tetanic spasms as well as delirium

during life. In other cases congestion of the membranes of the brain, with softening and congestion of its substance have been observed.

These cases show that, under the influence of *tartar emetic*, the central organ of the nervous system becomes the seat of a low type of congestion, both of its substance and membranes; that, as a result, the mental condition is one of restlessness, irritability, despondency, and fear. We further learn that, when pushed to extremes, such a state develops delirium and convulsions of a tetanic character.

The only recognised pathological condition which the grosser of these symptoms resembles is delirium tremens. The cases in which it is useful are those where the delirium is especially marked by fear and anxiety, and where, at the same time, persistent nausea followed by vomiting, diarrhoea, and cold perspiration are prominent.

In prescribing this medicine we shall at all times find our justification for doing so stronger when, in addition to the symptoms which appear especially to call for it, the patient complains of the kind of headache I have shown it to produce, together with restlessness and a certain amount of mental depression.

We now pass to the study of the several forms of local irritation set up by *tartar emetic*. First of all I propose to examine that which appears in the mouth, throat, and gastro-intestinal tract.

Among the earliest symptoms in the majority of the provings in our possession, we find an alteration in the sense of taste. This is described as being dry, pasty, and subsequently bitter. Presently a great increase in the secretion of the salivary glands is apparent. The tongue, which at first is of a dirty white colour with a yellowish brown fur, becomes covered, in cases where large doses of the poison have been taken, with a thick coating of a silvery, white-looking paste. In a few it has been seen to have a deep red and dry appearance, and in such the buccal cavity has been observed to be lined with a sort of false membrane, which has ultimately sloughed off, leaving the subjacent parts reddened. The appetite appears to be somewhat increased for a day, and then rapidly diminishes as the sense of nausea comes on and increases. Bitter eructations appear with a feeling of pressure at the stomach, and an inclination to vomit with

belching of a bitter tasting fluid. Thirst is greatly increased. Shortly vomiting occurs, the fluid ejected being viscid, watery, tasting bitter, and having a sour smell. In Dr. Mayerhofer's proving, with a grain of the salt, violent sickness came on in half-an-hour, he at the same time became cold, his face pale, he retched frequently, the throat felt constricted, and, after great straining of the chest and abdomen and sweating, he vomited watery, viscid slime, then pappy masses of food, and finally a shiny bilious coloured, bitter, sour smelling fluid. In the experiments of provers, the discomfort felt in the region of the stomach is described as a sense of pressure, with some distension; when the dose is fairly large, burning is felt; when poisonous doses have been taken, this burning is increased. Lower in the abdomen cutting and griping pains are felt early in a proving; after poisonous doses the surface becomes tender to the touch and the intestines distended. In both instances diarrhoea, slight in the former, and profuse and exhausting in the latter occurs. The stools, thin and watery, are always preceded by more or less pain, varying from slight griping to real colic and cramp similar to that present in cholera. Indeed some cases of severe poisoning by *tartar emetic* have so closely resembled cholera in some of its most marked features as to have been mistaken for it.

Beyond the character of the matters vomited there is no sensible indication of hepatic derangement in any of the provings, or during life in the symptoms of the majority of the cases of poisoning. That the secretion of bile is increased is shown by the bitterness of the watery viscid mucus ejected by the stomach, and also by the character of the evacuation in the earlier diarrhoea. In a case reported by Dr. Nevins, of Liverpool (*vide Cycl. Drug Pathog.* vol. i., p. 299) in addition to the usual sickness and burning epigastric pain, there was "sallowiness of the skin, gradually increasing to well-marked jaundice." That this was so is, I think, accounted for by the fact that "there was no diarrhoea during any part of the illness, but on the contrary rather a sluggish condition of the bowels." In another case, reported by the late Dr. Taylor, the vomited matter was intensely yellow from admixture with bile," while of the condition of the bowels he says "there was irritability and soreness of

the rectum and movement *short* of diarrhœa." The usual emunctory of an excessive secretion of bile was practically closed in both, and it endeavoured to escape through the skin. In these cases, as in most, if not all, others, the liver is found congested and the duodenum inflamed, *post mortem*. Hence we may conclude that during life, when *tartar emetic* has been taken in small quantities, some degree of hepatic congestion and also of duodenal inflammation has existed, but too slightly to give evident tokens of their pressure; and when larger doses have been taken without symptoms of either being marked, the excess of bile has been carried off in the intestinal evacuations.

It must be noted, in considering the vomiting occasioned by *tartar emetic*, that it is not simply the result of the influence of an irritant on the stomach, but that it follows a hypodermic injection of a solution of the salt as surely as when it is introduced by the mouth. Further, vomiting occurs when the pneumogastric nerves have been divided, even though the drug is introduced hypodermically. The mode in which *tartar emetic* operates in causing vomiting has been a source of frequent discussion, and, so far, appears to me to be undecided still. Dr. Lauder Brunton states that vomiting is produced more quickly, and by a smaller dose, when the drug is introduced into the stomach than when injected into the veins.\* But in two of Dr. Nobiling's experiments, quoted in the *Cyclopedia of Drug Pathogenesis* (p. 287), vomiting of green masses occurred almost immediately after an injection of one centigramme into a superficial vein in the arm. Two days later "vomiting of green masses, with an outbreak of copious perspiration," took place in the same subject in twenty-five minutes after an injection of one and a quarter centigrammes. Three months before these experiments Dr. Nobiling had taken one centigramme by the mouth, and it was not until at least half-an-hour afterwards that he vomited some of his breakfast. The probable solution of the question, so far as present knowledge goes, is nevertheless that given by Dr. Brunton, viz.: that it occasions vomiting both by acting as a direct irritant to the stomach and also by its influence on the medulla.

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\* *Pharmacology and Therapeutics*, 2nd ed. p. 650.

Our next enquiry is, what are the conditions, observed clinically, that these effects resemble.

In the first place we see, in the phenomena occasioned by *tartar emetic*, the indication of a degree of more or less acute gastritis, of which the chief are a sense of pressure, or more or less acute pain, somewhat burning in character, with persistent nausea and vomiting of a bitter, watery, viscid fluid, loss of appetite, great thirst, and a whitish brown, or thickly furred white tongue, together with faintness, prostration, a readiness to perspiration, and a quick, weak pulse. Cases presenting such symptoms as these are met with in pregnant women. Its use in some cases of vomiting of pregnancy is further suggested by such symptoms as an extraordinary appetite for apples and juicy fruits and sour things—recorded by some of the earlier provers. Similar symptoms occur also in old, feeble and long-ailing people, who have suffered from circumstances giving rise to exhaustion, and in chronic alcoholism.

In all cases of this kind, the vomiting is the symptom most calculated to arrest attention. It may be well, then, briefly to compare the kind of vomiting which is characteristic of the action of *tartar emetic* with that which is significant of some other drugs.

*Arsenic* gives rise to a vomiting which is more incessant than that produced by *tartar emetic*, it is attended with a greater degree of pain of a more intensely burning character, a red tongue and a quick, irritable pulse.

*Phosphorus* gives rise to severely painful vomiting of fluid, generally containing blood. The tongue is either dry, red, swollen and burning, or it is loaded with a dirty yellow fur, quite different from the white, pasty appearance which is so characteristic of the *tartar emetic* disturbance.

*Bichromate of potash* excites vomiting of a bitter watery fluid, but it is in greater quantity than that arising from *tartar emetic*, and is attended with much more pain of a yet more burning character, and the tongue is covered with a thick, yellow fur.

*Sulphate of copper* produces much more incessant and forcible attacks of severely painful vomiting than *tartar emetic*.

In another group of medicines we have—

*Ipecacuanha*, where the vomiting excited is more abun-



dant, consisting of large quantities of mucus; it comes on very rapidly; there is nausea, but comparatively little prostration and it is practically painless.

*Cocculus* develops vomiting, almost always in association with vertigo. It occurs when raising the body from the recumbent position after a good deal of retching, and in moving about. The pain in the stomach which attends it is cramp-like.

*Apomorphia* provokes a vomiting which is characteristically sudden and profuse, and with little or no antecedent nausea.

*Pulsatilla* does not occasion vomiting except after food has been taken, and then not until an hour or so has elapsed after the meal.

*Petroleum* produces vomiting after a long-continued and profound nausea, but then it becomes violent, and consists chiefly of bile mixed with blood.

The gastric irritation, then, arising from *tartar emetic* most nearly resembles that produced by *arsenic*, *bichromate of potash*, and *phosphorus*, but it is much less intense in its degree, though attended by greater prostration and faintness than either, and the burning pain so characteristic of the first and last is far less striking.

Associated with and speedily following the symptoms indicating *tartar emetic* in catarrhal or sub-acute gastritis are similar suggestions that it is a remedy in some cases of gastro-enteritis. The abdominal tenderness, distension, and diarrhoea are of this type, while *post mortem* examinations justify the interpretation put upon them by revealing inflammation of the mucous membrane of the stomach, duodenum, and throughout the intestinal canal. A case of gastro-enteritis recorded by Dr. Dyce Brown in the twenty-first volume of the *Homœopathic Review* will illustrate the kind of gastro-enteritis controllable by *tartar emetic* better than any further description. The patient was a married lady who had been under medical care for five days, suffering from severe vomiting and purging with high fever. When Dr. Brown was summoned to take charge of her, he found her with an extremely rapid pulse; she had been constantly sick from the first, the vomiting being then replaced by empty retching and incessant nausea, even a mouthful of cold water was instantly rejected; thirst was great; a profuse

watery diarrhœa was still going on, stools being so frequent that she could not count them; there was marked abdominal tenderness; the tongue was coated from back to tip with a thick, white, smooth, creamy coat, the edges red. Five drops of pure tincture of *aconite* were added to three-quarters of a tumbler of water, and, in the same quantity of water in another tumbler, two grains of the first decimal trituration of *tartar emetic* were dissolved, a teaspoonful of one or other medicine being given every hour. On the following morning the pulse was normal, the skin cool and moist, the retching quite stopped, and she had only occasionally a feeling of nausea. The diarrhœa had also been completely checked, and the feeling in the abdomen was that of soreness rather than of pain. She had slept a good deal and the tongue was almost clean. The *aconite* was omitted from the prescription and *tartar emetic* continued every six hours. In a few days she had quite recovered.

This case was so very homœopathic to *tartar emetic* that one is inclined to regret that *aconite* was given at all, but it is very difficult—almost impossible—to criticise the treatment of a case from a briefly written report of it.

I have referred to the similarity presented by some severe instances of *tartar emetic* poisoning to cases of cholera. The resemblance, however, is not complete. Of all the symptoms produced by *tartar emetic* none is so well marked and persistent as nausea. While a certain degree of nausea is present in most cholera cases, it is rarely so to the extent which is so characteristic of the action of *tartar emetic*. The vomiting in cholera is of quite a different type to that produced by our drug. The white, watery stools, which occur in extreme cases of poisoning by it, have indeed a superficial resemblance to those occurring in cholera, but as Dr. G. Wood, of Philadelphia, has pointed out, "they differed in this respect from the stools of cholera, that they did not, on standing, separate into a clear liquid above and a white flocculent precipitate." (*Therapeutics and Pharmacology*, vol. ii, p. 64.) At the same time there is no more absolute uniformity in the phenomena of cholera than there is in the symptoms of any other form of disease, and therefore we can quite appreciate the value of the observations of Dr. Rutherford Russell, on the sphere of this medicine in cholera, when he says regarding it, "we have occasion-

ally employed it, and with advantage, in cases of long-continued nausea and vomiting and general depression, without the actual collapse."

Equally is it true that cases of gastro-enteritis presenting very markedly, in addition to their characteristic features, the symptoms of nausea, prostration and faintness, are those in which *tartar emetic* is a remedy.

We next have to study the action of this medicine upon the laryngeal and bronchial mucous surfaces.

Among some of the earliest symptoms of the *tartar emetic* influence we find "tight feeling in the thorax with hard, full breathing, increased secretion of viscid mucus from bronchi and trachea. with audible mucous râles." This condition was noted by Dr. Mayerhofer on the ninth day of his first proving (when taking about half a grain a day) and the fourth from the first indication of the action of the drug. Two days later the mucous secretion from the bronchi was copious. On the day following, the breathing in the evening was fuller and harder and attended with great precordial anxiety. The next day, the dose being about the fifteenth of a grain, there was, "at night, much tough phlegm secreted in the throat, causing cough, breathing oppressed, slight stitches in the left thorax on inspiration." Dr. Molin, on the tenth day of his proving, having taken about the one-seventh of a grain in the morning, felt, towards evening, "the respiration more impeded; short, dry cough pretty frequent." That evening he took about the fourteenth of a grain. He awoke at five in the morning after an agitated sleep and a night of difficult respiration, attended by a feeling of pressure on the chest, with "a violent rigor lasting twenty minutes and followed by heat; pulse, which had hitherto been little affected, increased to 78, was full and strong; skin hot, face red, thirst urgent; heat in the head, pretty strong palpitation; . . . respiration very much impeded, with a feeling of pressure and constriction of the chest; cough frequent, and a little moister; on auscultation, respiration appeared rougher than on the previous evening, and deep inspiration was accompanied by slight pain under the left nipple." (*Cycl. Drug Path.*, vol. i., p. 288). After this he ceased taking the medicine, but eight days elapsed before the majority of the symptoms I have detailed disappeared, and, even

then, the cough persisted slightly for some time longer. During a subsequent proving, three months later, precisely similar symptoms recurred.

Even after taking the eighteenth dilution night and morning for twenty-seven days, nine or ten years afterwards, Dr. Molin felt his breathing oppressed, and that it required an effort to take an inspiration. "At midnight," he says, "I awoke with palpitation; pain at the base of the right lung increased by taking a long breath; respiration difficult and incomplete; dry cough; much thirst." On the twenty-eighth day he writes: "At 2 a.m. I awoke with pain in my side, which was worse; to lie on that side was so distressing that I had to change my position. The difficulty of breathing increases the pain, and respiration is imperfect. The lungs feel full (distended); dry and frequent cough; clothes feel too tight." He left off taking the medicine, and two days later the "lungs are more free." On the next day, "pain in the side and breathing are not quite right yet." In another six days "all the symptoms are gone."

Ackermann found, in his experiments made with doses of half a grain, "doubled or halved according to its slight or severe effect," that "the respirations were at first quickened, lessened, after the nausea was over, to normal, and rose somewhat with secondary rising of the pulse." He further says that "it increases the number of respirations, and probably augments the pulmonary exhalations."

The pathological condition foreshadowed by these, and many similar symptoms recorded in other provings and cases of poisoning, we learn from *post mortem* examinations which have been made in the human subject, and also on dogs poisoned with *tartar emetic*. In the former effusion of serum has been found in the right pleura, and the lower lobe of the right lung posteriorly was redder than natural. In other cases the lungs have shown more or less congestion in portions of the lobes. The power of *tartar emetic* to produce pulmonary congestion has been amply proved by experiments on dogs. Majendie in his numerous experiments found the lungs in all instances of an orange, red, or violet colour, destitute of crepitation throughout, gorged with blood, and in some parts hepatised. These results were independently confirmed by the experiments of Lepelletier, who, as Dr.

Hughes tells us, naively remarked, "one would imagine that, admitting its action in man to be similar, so far from being useful its administration would be particularly pernicious in pneumonia; but it is not so, for instead of favouring engorgement of the lung it promotes its resolution." Rayer and Bonnet, in Paris, Campbell, in Edinburgh, and Ackermann, in Germany, have published sets of experiments on rabbits to prove that Majendie was in error, that no congestion of the lungs did occur from poisoning by *tartar emetic*. Dr. Molin repeated their experiments, and showed from them that slow poisoning with this salt induced an intense tracheo-bronchitis with profuse exudation and a state of lung representing in some cases bronchitis and in others pneumonia in its first and second stages. He further showed that the negative results of Rayer and others arose from the fact that the overwhelming doses administered by them produced fatal results before the poison had had time to develop its action in the pulmonary tissues. There can be no doubt that Majendie and Molin were correct in their observations. Indeed, I do not suppose that anyone nowadays doubts the power of *tartar emetic* to give rise to congestion of the lung. Dr. Charles Saurel (*Rev. Therap. du Midi*, 1855, p. 109) when advising the treatment of pneumonia by *tartar emetic*, says, "I know that in cases of poisoning by *tartar emetic* various symptoms of irritation and marked dyspnoea are observed during life, and after death engorgement or hepatisation of the lungs, the principal cause of these symptoms. This," he adds, "may give a kind of pleasure to the partisans of *similia similibus*."

It is, then, proved that *tartar emetic* produces in healthy persons symptoms resembling those characteristic of broncho-pneumonia, and that *post mortem* appearances in the bodies of men and animals poisoned by it are those which characterise this form of disease.

In what forms of bronchitis, of pulmonary congestion and inflammation are we then to select *tartar emetic* as a remedy? We must remember, first of all, that these pulmonary symptoms are associated with symptoms of prostration, or at any rate of great enfeeblement. It is not an active sthenic congestion or pneumonia that it occasions. *Secondly*, it is a congestion rather than a

plastic exudation that it provokes. *Thirdly*, the bronchial expectoration is profuse and viscid. Consequently it is especially called for in the broncho-pneumonia of young children, in the intercurrent attacks of pulmonary congestion or bronchitis occurring during some chronic illness, which has already greatly debilitated the patient, in that which is occasionally met with in typhoid or typhus fever, and again in old people when great oppression of the chest, with incessant, almost choking cough, profuse expectoration, loud mucous râles, which need no stethoscope to detect them, proceeding from an accumulation of mucus in the bronchi, free to move but difficult to expectorate, by reason of the general weakness of the patient—where symptoms such as these are present *tartar emetic* may be ordered with every confidence that it will afford relief even when nothing beyond relief is possible to be given. I have seen such a result conspicuously obtained even during the last few hours of a patient dying of phthisis pulmonalis.

In œdema of the lung, which occasionally occurs from a rapidly developed congestion, but is more commonly met with in the course of acute or chronic nephritis, *tartar emetic* is perhaps the most homœopathic, and therefore most useful medicine we can employ. In a case occurring in my own family our late colleague, Dr. H. Madden, prescribed it with the most marked and gratifying results.

In some cases of emphysema in old and practically worn-out persons, when with a chronic cough there is profuse white and frothy expectoration and a gravely embarrassed respiration, it also gives a great amount of relief.

That *tartar emetic* has a distinct influence upon the nutrition of the skin is well known. Traditional medicine avails itself of this influence to produce counter-irritation when this process, it is thought, will be conducive to the patient's recovery. With us it is otherwise. We do not prescribe *tartar emetic* to procure a pustular eruption but to assist in dispelling one.

Our first enquiry, then, is as to the evidence we have that this salt produces an eruption at all; and secondly, as to the nature of the eruption, which I shall proceed at once to show does arise from it.

When taken into the system through the stomach a skin eruption is one of the latest of the phenomena of poisoning to present itself. In Dr. Mayerhofer's proving, to which I have frequently referred, it is recorded, "after some days I felt a tiresome itching in various parts of the skin, especially on the inner surface of the thighs, where small pimples occurred." Again, in a case of poisoning, recorded by Dr. Woodbury, of Boston, the "breast, the anterior surface of the upper arms, the wrists, the hypogastrium and the inner surfaces of the upper thighs were thickly covered with an eruption of bright red, small, conical, distinct, hard pimples with an inflamed base like lichen simplex. The itching from this was intolerable, irritating him at times almost to frenzy. This began to appear on the fifth day of the use of the drug;" he seems to have been a drunkard, and his wife in order "to wean him from the love of intoxicating drinks," a project in which she very nearly succeeded past all possibility of a relapse, secretly gave him *tartar emetic* in his whisky to the extent, on an average, of 4 grains a-day for fifteen days—"and the itching did not appreciably abate until three days after its discontinuance. The most careful examination failed to discover any traces of pustular development."

Then, again, a case is mentioned by the late Dr. Crichton, of St. Petersburg, where a girl who during a fortnight had taken a scruple of *tartar emetic*, some days after leaving off the medicine developed "a varioloid eruption, which ran a course exactly like that produced by *tartar emetic* ointment." In another, a man who took for pneumonia 10 grains of *tartar emetic* in solution during thirty-six hours, in "twenty-four hours after the last dose there appeared an eruption having the most perfect likeness to that caused by *tartar emetic* ointment. It consisted of small papulæ or vesicles, which rapidly enlarged and became full of pus, surrounded by a red areola, so that they resembled true variolous pustules; they were besides extremely painful. After a few days they dried up and formed crusts. Some of the pustules were larger than others, like those of ecthyma. The eruption commenced on the inner surface of the forearm, then spread all over the back, where the pustules were partly solitary, partly grouped, or even confluent." It is interesting to note that in both these cases the pustular eruption did

not appear until some time had elapsed after the last dose of the medicine had been taken. Several similar cases are reported by different physicians, and together with those I have quoted are related in *The Cyclopædia of Drug Pathogenesis*. Professor Imbert-Gourbeyre, some five-and-twenty years ago, published, in the *Gazette Médicale de Paris*, a thoroughly exhaustive research *On Antimonial Eruptions*—a translation of which appears in the nineteenth volume of *The British Journal of Homœopathy*. From the evidence he adduces he shows “that antimonial preparations employed externally very frequently give rise to symptoms on other parts besides the place where they were applied, and chiefly on the anogenital region.” He also quotes five cases in which a pustular eruption occurred on the alimentary mucous membrane after the free administration of *tartar emetic*; and finally he brings forward direct proofs “that *tartar emetic*, in whatever way it is administered, produces various eruptions on the skin, most generally of a pustular character; “it is,” he adds, “an exanthematogenic medicine.”

The eruption of *tartar emetic* is, then, in the first instance papular, attended with much burning and itching, and gradually becomes pustular with an inflamed areola around the pustules. It resembles the eruption characteristic of two forms of disease, viz., *ecthyma* and *variola*. And, further, there is a considerable degree of resemblance between the general or constitutional symptoms of the drug and those commonly present in these diseases. Acute *ecthyma* is rare, but small-pox—thanks largely to the work of the anti-vaccination cranks—is only too often met with nowadays. The most extensive of recent small-pox epidemics—that which devastated the City of Montreal last year—has been carefully, as well as extensively observed by Dr. Nichol of that city. From the experience gained during it, he has derived the materials for a series of important papers on *The Therapeutics of Small-pox*, which have been appearing during the last six or seven months in *The New England Medical Gazette*. The conclusions Dr. Nichol has arrived at regarding the sphere of *tartar emetic* in small-pox, and its value in that sphere are very instructive. He says:

“Personally, I look upon *tartar emetic* as being the chief remedy in simple uncomplicated small-pox; but I have also



used it most successfully in malignant cases which seemed beyond hope, when a low type of pneumonia had supervened and paralysis of the lung threatened."

In pointing out its homœopathicity to small-pox, he writes:—

"*Tartar emetic* is not merely indicated by a few feebly developed symptoms, but it is markedly indicated by the entire *ensemble* of its pathogenesis as compared with the entire morbid state actually present in small-pox. Thus the *tartar emetic* eruption is so closely analogous to that of small-pox, that the one has been mistaken for the other by excellent observers. Then very similar pustules appear in the mouth and throat, and this can be said of no other remedy; and the low grade of pulmonary inflammation, with the tough mucus clogging the bronchi and windpipe is eminently characteristic of a not uncommon type of small-pox. Lastly the diminished fibrine of the blood of small-pox patients is closely met by a similar condition of the blood of individuals under the influence of *tartar emetic*. Thus," he continues, "the very essence of the medicine hugs the very essence of the disease. Personally, I am convinced that *tartar emetic* has, to a limited extent, the power of mitigating the eruption, and, occasionally, of arresting it."

As an illustration of the kind of case in which he found *tartar emetic* so valuable, he records the following:—

"On September 28th, 1885, I was called to J. T., aged twenty-eight, a strong and handsome man, a model of manly beauty. He had fallen under the influence of the pernicious anti-vaccination nonsense, and had steadfastly refused to be vaccinated. Now he had small-pox; and, judging by the course of the disease, I have serious doubts whether or not he ever had been vaccinated.

"Violent chills were followed by high fever, with restlessness, nausea and malaise. The chills seemed to originate in the region of the spine, spreading over the trunk of the body, and *always from within outwards*. The patient was drowsy and stupid, with marked inclination to sleep. Dull headache with pressure in the brain, and occasional delirium. Thickly coated tongue, with bitter, sickening taste. Mouth and throat filled with pocks, which even extended to the larynx. Very severe nausea and vomiting, always followed by prostration with clammy skin and feeble pulse. Swelling of the abdomen with rumbling and gurgling, but no diarrhœa. A marked bronchitis was present from the commencement, gradually extending to the parenchyma of the lungs as catarrhal pneumonia with very copious secretion.

“As the disease progressed the emaciation became extreme, reminding one of a severe case of typhoid fever; and the ink-coloured eruption was so thick and so continuous, that the patient seemed to be smeared from head to foot with honey-comb. *Tartar emetic*, third decimal trituration, was given singly and alone, from beginning to end; and on November the third I had the pleasure of dismissing my patient, very thin, very wan, hairless and beardless, with but a few faint traces of pock-marks on the nose.”

Dr. Nichol then remarks:—

“Why did I not give *arsenicum* or *rhus* or some other remedy when the disease progressed into the typhoid state? Simply because this case was a *tartar emetic*, not an *arsenicum* one, and *tartar emetic* is competent to control the most malignant small-pox provided that it is indicated by the totality of the symptoms.”

During an epidemic that occurred in the city of York about twenty-four years ago, I learned to place great confidence in *tartar emetic* in uncomplicated cases where gastric disturbance was especially prominent. I found that, when using it, the tongue cleaned rapidly, the depressing nausea and sickness quickly removed, and that the patient was able to take food earlier than when other medicines had been prescribed.

While, however, it is in ethyria and variola that *tartar emetic* is so prominently useful, it is a medicine that should always be studied before prescribing for various pustular diseases. Of such cases the following, related by Dr. Dudgeon in the twenty-fourth volume of *The British Journal of Homœopathy*, is an illustration.

“I was consulted,” writes Dr. Dudgeon, “by a young lady, aged 18, on account of a disagreeable eruption on her face. The eruption consisted of small pimples filled with matter, not much bigger than a pin’s head, extending from the roots of the hair down the centre of the forehead to the end of the nose. This disfiguring eruption had lasted six or seven months, and she had been under an eminent skin doctor, and for the last three months under an excellent homœopathic practitioner, without any advantage. She was almost precluded from going into society on account of the disagreeable character of the disease. I prescribed *tartar emetic* 1st trituration, one grain in six tablespoonfuls of water, a spoonful to be taken twice a day. (That is to say 1/100th of a grain

was taken in the course of three days.) Under this treatment the eruption gradually went off, and in a fortnight not a trace of it was to be seen. Seven months later she had not had the slightest return of it." Dr. Dudgeon adds that he was led to the selection of *tartar emetic* by the pustular character of the exanthem.

Lastly, there is another use to which the pustule-producing power of this substance may be applied. Dr. Lichenstein, some fifty years ago, was struck by the resemblance of the *tartar emetic* pustule to the vaccine pock, and succeeded in reproducing similar pustules by the inoculation of the matter derived from a *tartar emetic* pustule. He, and others, I believe, thought that this pustule might safely be substituted for the cow pock in vaccination. However this may be, it is capable of being used for inoculation for pannus or trachomatous keratitis, after the manner of Jager, of Vienna, as the following case, recorded by the sufferer himself, the late Dr. Casanova, will show. (*British Jl. Homœopathy*, vol. xxii.) Dr. Casanova contracted granular ophthalmia at the Cape of Good Hope when attending a woman suffering from it, through unconsciously rubbing his eyelids with his finger after having examined those of his patient. Acute conjunctivitis, with granulation on the lids followed. Two months elapsed before the acute symptoms subsided. He then returned to England, and the following is his account of his condition at this time.

During the voyage he noticed a number of serous phlyctenæ on the surface of the conjunctivæ, which in a few days changed into whitish hard granulations of different sizes, disposed in separate clusters, and observed a considerable thickness of the eyelids. He was somewhat improved by the voyage, but it was some time after his arrival before he could read or write. The least exposure to natural or artificial light, or the slightest use of stimulant food or drink was sufficient to increase the vascular action and the quantity of serous secretion from the eyes. Cold air also caused an aggravation, with a sensation as if there was grit or dust between the lids. Burning, itching in the eyebrows and eyelids; impaired sight; crusty formation on the edges of the lids during the night; burning sensations and passing scintillations in the evening; great pressure on waking in the morning; sudden flashes, similar to

electric sparks, in the daytime; worse on attempting to read, each letter appeared double upwards or perpendicular to each other; lachrymation in the open air, and occasional suspension of visual power were more or less the prevailing symptoms in and out of the attacks. Their intensity varied in proportion to the exciting causes.

In 1859, in Guernsey, he was tolerably well, but the granulation persisted to 1860. In the spring of 1861 he had a severe attack, lasting several weeks. After this he remained free until the summer of 1862, and then again he had another in October of the same year. He now, as he says, determined to

"Take some new infection to mine eye  
That the rank poison of the old may die."

On this point he consulted Dr. Dudgeon, who advised him to take proper precaution in selecting the "new infection." While looking around for a suitable subject to take the matter from—*tartar emetic*—a pustule-producing drug occurred to him, and the result he records as follows:—

"I took two grains, dissolved them in  $\text{ʒii}$  of distilled water, and used it as a lotion on both eyes at the time, twice a day. Notwithstanding the smarting caused by its application, I persevered in its use for two weeks, when I perceived the granulations diminished considerably, and my sight improved gradually. In the course of two more weeks there were no vestiges of granulation. I continued the same lotion (more attenuated) every other day, allowing some intervals of repose, and at the end of two months' treatment the organs and functions of sight were restored to their normal state, in which I am thankful to say they have continued up to this day." This account appears to have been written several weeks after his recovery.

Finally, in what dose should this medicine be given? We have seen that different orders of effects have arisen from doses of different magnitude, that the slighter symptoms, the earlier nervous phenomena, symptoms of gastric disturbance and of slight pulmonary irritation have been occasioned by comparatively small doses—such at any rate as were not likely to give rise to any danger to life; while the severer indications of nervous excitement, such as delirium and convulsions, the

extreme phases of gastro-enteritis, and nearly all the manifestations of skin disease were the result of doses either destroying or nearly destroying life.

Regarding the therapeutic dose as one somewhat less than the physiological dose, we should, in cases resembling the first class of effects, prescribe the third decimal solution or trituration, and in the second the first centesimal. There is no question raised as to the power of a higher dilution, but the probability is that, as in Dr. Molin's proving, with the 18th dilution it required twenty-seven days to produce effects which Dr. Mayerhofer obtained in five with a centigramme, so in disease we may expect that a longer time will be occupied in securing the results we desire, the farther our dose recedes from the third decimal.

#### DISCUSSION.

Dr. DUDGEON (in the Chair) remarked that Dr. Pope had laid before them a very valuable paper, and no doubt some of the gentlemen present had something to say on the general subject; but as Dr. Pope had explained that it was really one of his lectures on *Materia Medica*, no doubt he would welcome any criticisms on his manner of bringing the subject before students.

Dr. YELDEHAM said that Dr. Pope had introduced to them a very old friend, one with which most of them were so familiar that it seemed almost unnecessary to consider it. But he had placed before them in so clear a light its characteristics as a pathogenetic and as a therapeutic agent, that they were all very much obliged to him. In stomach diseases he had found it a most valuable medicine. He had had it in constant use in some of those forms of dyspepsia of which the symptoms Dr. Pope had named were strikingly characteristic. It was, he thought, most useful in the 3rd decimal dilution, and he scarcely ever gave it in any other. He referred to a case which occurred in his own house, which his friend Dr. Blackley kindly saw with him. There were marked symptoms of gastric irritation, with prostration, feeble pulse, and vomiting. The latter symptom was most prominent. They put the patient under *aconitum* at first, and afterwards under *tartar emetic* alone, and she made a good recovery. He had also constantly given it in diseases of the chest, and had found it to be a very reliable remedy in cases showing loss of appetite, nausea, white coating of the tongue, accompanied with prostration. In pneumonia *tartar emetic* was useful in many cases. Possibly not any of the gentlemen present had seen

the old method of treating pneumonia, where it was usual to bleed the patient and then put him under *tartar emetic* to keep up nausea and reduce febrile action. He had found it of value in catarrhal pneumonia, and had sometimes thought that in such cases it promoted resolution, but we had, perhaps, in most cases a better remedy in *phosphorus*. In the bronchitis and other chest affections of old people it was most valuable, even when there was emphysema in addition. He had recently had a case of asthma in an old man, who also had violent attacks of vomiting, during which he brought up large quantities of mucus, to whom he had given *ipecacuanha*, *phosphorus* and *arsenic* without much benefit, but who, within twelve hours, was greatly relieved by *tartar emetic*. This patient had had bronchitis and asthma for many years. He had seen excellent results from this medicine in pustular eruptions. For such eruptions, especially about the face and back, and even for syphilitic eruptions, *tartar emetic* was a valuable remedy.

Dr. CLARKE said, in regard to the method of presentation adopted by Dr. Pope, he approved of it fully, and thought his plan of introducing illustrative cases a most excellent and useful means of fixing in the memory the action and uses of drugs. With reference to the value of *tartar emetic* in bronchitis, they had all of them had so much experience that he did not think much difference of opinion could exist. When Dr. Pope described so minutely the proving in which bright red, hard pimples had occurred on the inner part of the thigh, he was forcibly reminded of a case of small pox which came under the notice of himself and his partner, Dr. Roche, in Ipswich, in which the patient had a preliminary triangular eruption of an exactly similar kind on the inner side of the thigh. They gave the patient *tartar emetic*, at first in the 3rd decimal without much effect, and then in the 6th centesimal, when it succeeded admirably. He had found that when he had given the drug in the 6th centesimal, he had had better results than in the 3rd decimal. Another point in regard to its action was illustrated by a case recorded in the *Practitioner* some time ago, one of cure of psoriasis reported by Dr. Spender, of Bath. In this substantial doses of antimonial wine were given for a long time with complete success. In such cases as these Dr. Clarke had used it in the 2nd decimal with good results.

Dr. E. T. BLAKE said that Dr. Pope had with great discrimination kept in his paper strictly to cases which were very definite in their symptoms and results. He believed thoroughly in the value of *antimonium tartaricum* in affections of the chest. Dr. Kidd was in the habit of prescribing *tartar emetic* in

follicular pharyngitis. He remembered a case of nervous vomiting, where a lady who was fond of society, but was debarred from its enjoyment by vomiting when she reached the door of the house where she was to be entertained. This neurotic emesis disappeared after a course of *tartar emetic*. There was no recurrence. Bronchitis in old persons and ecthyma he had seen yield to *antimonium tartaricum*. Dr. Blake quoted the case of a young girl who was very emphysematous, with a white coated tongue, accelerated respiration, little sweating at night, and hyper-resonance at every point of the lungs—except at one point which was normal, and who, under small doses of *tartar emetic* swiftly got well. It appeared to be probable that a deep-seated spot of consolidation existed behind a layer of abnormally rarefied lung, the sum of the two producing a natural note on percussion.

Dr. SHACKLETON said he had tried *antimonium* in psoriasis after seeing the report of a case cured by it quoted in *The Homœopathic World*, but without success. In the other kinds of cases calling for the drug, he had been very successful in prescribing it. With regard to the explanation of the older method of using the drug, it seemed to him that they must take that given by Dr. Bayes, viz., that the greater portion of the drug swallowed was expelled by vomiting, while the smaller part, which was absorbed, acted specifically.

Dr. NOBLE wished to express the admiration he felt at the manner in which Dr. Pope had laid the properties of the drug before them. In the small-pox epidemic of 1881 he had treated several cases with *antimonium tartaricum*, and those cases were remarkably successful, and he was particularly struck with the comparative absence of pitting in them. In catarrhal pneumonia he had found the 2nd decimal act more rapidly than any other.

Dr. DYCE BROWN said he felt greatly indebted to Dr. Pope for his admirable paper, and fully endorsed his mode of setting forth the character of a drug, placing as it did the whole of its action in a most clear light. So instructive was the lecture that he (Dr. Dyce Brown) proposed that the secretary should ask Dr. Pope to deliver a similar one on another drug later in the session, as, however, well-informed we might think ourselves on our *Materia Medica*, we were all the better now and then for having our knowledge rubbed up. He thought that *tartar emetic* was a very interesting drug from a homœopathic point of view, as it was one of a good many which both schools employed for the same complaints. The question was, are we using an allopathic remedy, or were the allopaths using a homœopathic one? and a survey of the facts could leave no

doubt as to the correct answer. The facts of pneumonia having been treated with *tartar emetic* in large nauseating doses by the old school, with a much larger death-rate than when the patients were left to themselves, and of the very small death-rate when it was treated by small doses, must show to the open mind that there was some remarkable relation between the two facts, independently of Majendie's experiments. The same medicine given in the same disease is followed by a large mortality when the dose is a large one, and by a very small mortality when the dose is small. This fact, one would have thought, ought to lead the old school to see here an example of the law of similars. Sir Andrew Clark, in his address on Medicine, at Cork, in 1879, dwelt on the fact of the prevailing ignorance among the best men of the old school as to the action of the simplest drugs, and stated that the medicines most relied on were empirically chosen. In illustration of this he cited *tartar emetic* in chest diseases, knowing, as he must have done, the baleful effects of large doses in pneumonia, and completely ignoring the fact of the opposite results of the use of large and small doses. Dr. Gairdner, of Glasgow, perceived this relation, when, in his *Clinical Lectures*, he recommended *tartar emetic* in small doses in pneumonic cases attended with great debility, giving it as his opinion that this debility, so far from being a contra-indication of it in such cases, as was generally taught, was a marked indication for the drug. He also stated that, in his opinion, the curative action ceased as soon as the pathogenetic symptoms began to appear. This was precisely an admission of its homœopathic action. Trousseau also, it was interesting to observe, named the presence of diarrhœa in pneumonia as an additional reason for the use of *tartar emetic*, which was just the homœopathic view. Dr. Dyce Brown had not used *tartar emetic* during the acute stage of delirium tremens, but after this had passed, and the patient was weak and exhausted, with a white tongue, no appetite, and much nausea and disgust at food, *tartar emetic* acted beautifully as a "tonic." In skin eruptions indicating antimony, he had generally used the *antimonium crudum* with success, and in a case lately under his care of spots of the *acne* type on the face, the 8rd cent. trituration had quickly cured it, though the case had been of considerable standing.

Dr. GALLEY BLACKLEY said that, before discussing the subject before them he must thank Dr. Pope for giving them his delightful paper at so little notice. He quite agreed with Dr. Dyce Brown that they had rather too few papers of the kind. The evening had been most pleasantly passed in listening to such a paper and such a discussion. Dr. Blackley went on to say he saw a good many skin diseases, both in private practice and



in the hospital, and in some of those cases he had been in the habit of using *antimonium tartaricum* when it was indicated. In pustular affection and in impetiginoid eczema he had found it most valuable. He had found some cases where it had not succeeded and had come to the conclusion that many of the effects recorded were purely local and not dynamic. In the same way many of the symptoms recorded of *arsenic* were not dynamic but local. He had used *antimonium crudum*, but had not found it to possess any superiority over *antimonium tartaricum*. He remembered the case Dr. Yeldham referred to, and it was certainly a most satisfactory instance of the treatment of disease by one remedy and one only. He had seen about 150 cases of small-pox during the severe epidemic in Liverpool in 1871, and *tartar emetic* was one of the medicines given a great deal. He wished he could say he had seen notable results from it in small-pox. Dr. Noble had said that *tartar emetic* modified the eruption, especially its irritability, but he would ask did he not also use local applications? He, (Dr. Blackley) had made a practice of anointing his latter cases, about a hundred in number, with olive oil, which greatly allayed irritation. With regard to the preparation used he had been in the habit of using the 3rd decimal instead of the 1st centesimal as he had formerly done. It had been said that comparisons were odious, but they had the advantage of enabling one to arrive at some decision on disputed points; both Dr. Clarke and himself had, at the present moment, cases of bronchitis in the hospital under treatment with *antimonium tartaricum*; Dr. Clarke was giving the 6th centesimal, he was giving the 3rd decimal; it would be instructive to compare the results in each case. (Dr. CLARKE: hear, hear.)

Dr. DUDGEON (Chair): There seemed to be a general consensus of opinion that Dr. Pope's method of dealing with a drug was a satisfactory one, and probably the only regret amongst them was that there had not been a large circle of allopathic students to listen to it, certain as they were that they must have been benefited. Perhaps he had had an experience of *tartar emetic* which few of his hearers had had. When he was a student he happened to get typhoid. He was then in Wales. An old medical friend undertook to treat him, and gave him a solution of *tartar emetic*. He got very weak and ill; on his friend asking him how he was, he said "I'm feeling very bad, and it's your confounded mixture." Every dose he took of it seemed to make him worse. At last his aunt, who was nursing him, interfered and said, "I won't let you take any more of that stuff." She abstracted the bottle, and he got well. (Laughter). Now they knew that this was a favourite remedy of the old school in pneumonia, but the mortality

under its use was greater than when no medicine was given at all; and yet they knew that it was homœopathic to pneumonia; the cases in which it was useful being those accompanied by a great deal of asthenia, in what was called typhoid pneumonia. A very striking instance had happened in his own practice. An old lady had been taken very ill, and had been under an eminent practitioner and two baronets. She was sinking fast, and as a last resource they had recourse to homœopathy. He found her perfectly insensible, her pulse 140 and intermittent; her tongue black, and with a bed sore as big as a soup-plate. He told the friends he would take no responsibility. "You have resorted to me," he said, "in the last extremity. I do not believe the patient has forty-eight hours to live." However he put her on *tartar emetic* with occasionally *phosphorus*, and she recovered, bed sore and all. The case created rather a sensation in the family, as they did not expect the patient to recover, nor did he. Naturally he attached great value to *tartar emetic* as a remedy of extreme utility in typhoid pneumonia. He would not detain the Society longer, and would merely express the pleasure it had given him to hear the paper and the discussion which it had called forth.

Dr. POPE said he was much obliged to the Society for the manner in which they had received his very elementary production. He had endeavoured to show them that the drug which had been the subject of their deliberations was a valuable remedy in catarrhal gastritis, bronchitis, pneumonia, small-pox and ecthyma, but he would be sorry if any one should leave the meeting thinking that it was a remedy for every form in which these several diseases occurred. It was useful only in those cases of these forms of diseases the symptoms of which were similar to the physiological effects of *tartar emetic*. For example, it was not suitable for sthenic pneumonia or in active bronchitis. Its remedial power was limited to cases where there was great prostration and exhaustion. The therapeutic dose he thought, as a general rule, should bear a distinct relation to that which was pathogenetic. If a drug was slow in producing a certain set of phenomena the therapeutic dose should be correspondingly large, but where it produced an immediate result especially where this was from a small quantity, then a small dose should be given. Now that they had the *Cyclopædia of Drug Pathogenesis*, where the doses taken and the time elapsing before their action was manifested was clearly stated, they had a chance of apportioning the dose in some sort of true relation to the physiological effects of drugs. Dr. Noble had referred to the action of *tartar emetic* in small-pox as being well marked

and useful, and difficult as he admitted it was to ascribe benefit to a drug given in a disease running a definite course, he assured them that every reliance might be placed on the results of the observations of Dr. Nichol, of Montreal, who was a physician possessing a most thorough knowledge of the *Materia Medica*, of large experience and acute observation, and his testimony was, therefore, most valuable as to the reality of the therapeutic action of *tartar emetic* in a low type of small-pox. Dr. Nichol did not assert that *tartar emetic* was specific to all cases of small-pox, but he insisted strongly that we must be guided in choosing our medicine in each case by the totality of the symptoms. There were many cases of small-pox where the *tout ensemble* was quite different to that of *tartar emetic*, and consequently where it would not be of any service at all.

Dr. YELDHAM said he would like to add one word on the value of comparative treatment in questions like that of the dose which were still *sub judice*, and again to draw attention to the facility afforded by the hospital for useful investigations of this kind. Cases in the wards of a hospital offered greater opportunities for careful observation in elucidating doubtful points than private practice could do.

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## THE CYCLOPÆDIA OF DRUG PATHOGENESY.

By Dr. PROCTOR.

In an article on this subject which appeared in the September number of the *Review*, Drs. Drysdale and Hayward discuss the arrangement and prospects of the *Cyclopædia*. It would seem rather late in the day, seeing that four parts have been published, to enter into any discussion of the plan of the work, but as the question of the index is still before us as completing the work, there may be no inappropriateness in a few more remarks on the subject.

In order to see where we stand let us look round for a moment. After an ample discussion as to the relative merits of the schema or the narrative form, the latter has been adopted and meets with general approval. So we may consider that point definitely settled. It is necessary that we have a key to the symptoms in some form or other—that goes without saying—it becomes simply a question as to what form the key shall take, whether as a bare index or as a classified concordance or repertory. Dr. Hughes has promised to furnish us with

a specimen of the index he prefers, and if it answers the purpose of guiding us to the symptoms we are in search of, we shall all be under greater obligations to him than we are already. I am decidedly of opinion that in undertaking such a work Dr. Hughes and his co-labourers on the *Cyclopædia* are taking upon themselves a task which ought to be left to others; which will occupy time and attention that would be better bestowed on the good work of the *Cyclopædia* as at present, and which is altogether premature. Of what use can the indices be coming out as proposed in separate parts, unless at the end of the publication we have also an index to the indices. If any of your readers have ever had to consult a work in several volumes, with an index to each, and have had to labour through one index after another, he would wish to be spared such an infliction in the case of the *Cyclopædia*, and it is obvious that a single complete index can only be made on the completion of the work. To the complaint that the absence of an index renders the *Cyclopædia* useless to the practitioner the answer is that this is not absolutely the case, for with the repertories we have we can turn to the provings of the medicine indicated, and consult them even now. Beyond this an incomplete work necessarily involves the short-comings of all incompleteness, and we must have patience and wait awhile. The publication of the provings is so pressing that any time given by the committee to the constructing of an index must in any case, but particularly in the present, be regarded as time and labour ill bestowed, if not lost. The Council of Trent gave to Christendom the canonical scriptures, and left to Cruden or any one else the constructing of a concordance.

The question as to whether we are to have an index or a schema seems to be the making of a comparison between altogether dissimilar things. A schema never did serve the purpose of an index. With the Hahnemannian schema we still stood in need of an index, which we have usually called a repertory: and *vice versâ* an index cannot possibly take the place of a schema. Therefore as a question between the two it has no rational basis. As an alternative to the narrative the schema may be advocated, but as an alternative to the index the question falls to the ground.

But apart from this comparison the writers of the article referred to advocate the schema on its own merits, and lay down the following comprehensive plan. There must be "first, a thorough presentation of the pathogenetic effects in the form of narratives of provings, poisonings, and experiments, with *post mortem* evidence, given in a consecutive list; then an explanation of the sphere of the pathogenetic action, general and local; then a schema, with indices to the sections; then an exhibition of the curative sphere; and lastly, clinical confirmations, accompanied of course by the chemistry, pharmacy, natural history, &c., of the drugs." It must be evident to most of us that such a scheme of ideal completeness is under present circumstances utterly unattainable, and if it were attempted it would meet with the same success as the Hahnemann *Materia Medica*, which began its existence thirty years ago, and has in that time presented us with nine medicines! Every ten years the work would require re-writing in order to keep abreast of therapeutics, and before the top stone could be added the foundation of the building would be crumbling away. The working material at our command and the nature of the subject alike would forbid any such attempt, even if we had not a striking example to warn us against it. The *Cyclopædia* committee has wisely confined its efforts to a single purpose, which it is to be hoped it will continue to pursue. The four parts already issued are a proof of the wisdom of its line of action, and a promise that within a reasonable time we shall get the remainder.

That the other works necessary for the moulding of our *Materia Medica* into serviceable forms are necessary need not be called in question, but before Commentaries, Repertories, and Clinical Guides can be constructed, it is primarily essential that the raw material be provided, and to this end no delay in its production should be allowed. When this is done, Drs. Drysdale and Hayward, and others who have shown such zeal in homœopathic labours, will find the material ready at hand for the work they so strenuously advocate. But as regards the committee already engaged in the publication of the *Cyclopædia*, it should be urged upon them that they adopt as their motto the old injunction, "Hoc age."

TWO CASES OF OPHTHALMIA TREATED BY  
*KALI BICHROMICUM*.

By ALEX. H. CROUCHER, M.B., Edin.

## CASE I.

MISS S., æt. 23, is a school teacher by occupation, and also assists her sisters at millinery work. She came under treatment May 9th, 1886, and was then complaining of an inflammation in her left eye, which had lasted four weeks.

Patient is a delicate-looking young person, rather emaciated, of sallow complexion, and apparently belonging to the strumous diathesis. Her general health is not good, and she suffers from leucorrhœa and dysmenorrhœa.

Three years ago a similarly inflamed eye was treated with *atropine* locally and soon improved.

Present condition: The ocular conjunctiva of the left eye is much congested. Near the corneal margin on the outer and inner sides, are several red papular elevations situated on the conjunctiva, of about the size of pins' heads; from these elevations leashes of injected blood-vessels run to the periphery of the globe of the eye.

She describes the eye as feeling weak, there is no discharge from it, nor any pain of importance, and the sight is not affected.

Patient is troubled with a dry hacking cough, which is worse at night, but physical examination of the lungs reveals nothing abnormal.

Treatment commenced on May 9th, and patient was recommended nourishing diet, with plenty of milk, and at the same time to rest the eyes; the latter advice, however, was not followed. From May 9th to May 21st the following remedies were prescribed, viz.: *arsen. alb.* 3x, *sepia succ.* 6, *merc. corr.* 2x, and *pulsat. nigric.* 1x, but no improvement resulted from their use.

On May 21st five drops of *kali bichrom.* 3x were given, every three hours; next day there was marked improvement in the condition of the eye. The medicine was continued, but not so frequently, till May 26th, when the eye was practically well, there only remaining a slight brownish discolouration where the inflammation had previously been most intense.

CASE II.

Master M., æt. 8 months, nourished at the breast ; this patient was an apparently healthy infant, and came under treatment on May 2nd, 1886.

Patient has two brothers ; one, aged three years, had phlyctenular conjunctivitis, which was rapidly cured by *merc. corr.* 2x in  $\frac{1}{8}$ th of a drop doses, while the other brother, aged six years, suffered from ophthalmia tarsi, which was much improved by bathing the eyes in warm water, and applying vaseline at night time, and taking *kali. bich.* 3x internally.

The affected eye in this case was the left one, and had been inflamed for a week previously to May 2nd, when he came under treatment. The condition of the eye was then as follows : There was much inflammation of the whole conjunctiva, as shown by general redness, puffy swelling of the lids, and purulent discharge. The eye was evidently a source of discomfort to the child, as he was constantly rubbing it with his hands ; there was also photophobia and disturbed sleep.

Treatment May 2nd : The eye was ordered to be bathed with tepid water frequently, and the lids to be anointed with vaseline at night time.

Internally *apis* 3x was given during the day, and at night *chamomilla* 1x for the restlessness.

May 3rd. Condition of eye about the same, half drop doses of *aconit. n.* 1x to be given at night time instead of the *chamomilla*, as there was a little pyrexia.

May 5th. No alteration in the state of the eye. The other remedies to be omitted, and two drops of *kal. bich.* 3x to be given every three hours.

May 6th. Great improvement noticed. Continue *kali bich.* 3x ; *gelsem. s.* 1x was also given for the sleeplessness.

May 8th. Cured.

Hastings, September, 1886.

THE CHOICE OF CLIMATE.

By ALFRED DRYSDALE, M.D., London.

At this time of the year those who have been condemned to escape the English winter will find themselves obliged to decide among the now numerous rival winter stations abroad. In the first place, it must not be too readily assumed that a change of winter residence is necessary ; cold and damp are not to be considered as unmixed evils,

nor prolonged sunshine as always salutary. In a state of civilisation, and more especially among the well-to-do classes, a very much larger proportion of proteids is ingested than is necessary for the work to be done, viz., repair of loss of tissue and maintenance of temperature. Primitive man, no doubt, could only eat what he had been previously able to procure by the utmost efforts of his dexterity in the hunting field; but at the present day, and among the wealthy, more is consumed and less work accomplished. As long as the individual is in health, the superfluous matter is got rid of in the kidneys after being oxygenated in the lungs; a certain proportion of the food goes to maintain the temperature of the body, and the relative amount of this will obviously vary with the difference between the surrounding medium and the necessary animal heat. Hence on a cold day, and in a cold climate, more food will be taken in than on a warm day and in a warm climate; appetite should regulate the amount of food to obtain the required balance, but habit often has such force that persons removed from a cold to a warm climate usually continue to consume much the same amount of food, and therefore suffer from languor and various disorders really the result of the accumulation of waste products in the blood, which, in the climate to which they have been accustomed, would have been oxygenated to maintain the temperature of the body and thus got rid of. If this is the case with perfectly healthy individuals, how much more will it be so with persons suffering from disease, and especially from kidney disease of the granular parenchymatous variety or the more advanced stages of all kidney complaints where much of the secreting tissue has been denuded. It cannot be too strongly insisted that those cases of Bright's disease in which the urine is copious and deficient in urea, showing that a considerable area of secreting cells has been denuded, should avoid warm climates, and will do better to remain in England, in spite of the catarrhal attacks to which they are frequently subject. In these cases the creatin and creatinin, instead of being oxidised and removed, remain and accumulate, producing the disastrous train of symptoms included under the word uræmia. No doubt the attack of uræmia would supervene sooner or later in any climate and under any conditions, but an abrupt and injudicious change from a cold to a warmer climate will often determine the period.



Consumptive cases head the list of involuntary exiles, and will require the selection of a climate suitable to the special category to which they belong. As a rule it will be well to submit them to the utmost amount of *bracing* of which they are susceptible, it being of course always borne in mind that if this limit is exceeded the most disastrous results will ensue. As far as my observation goes, it is useless to attempt to brace the truly tubercular patient, *i.e.*, where the disease is inherited and not acquired. I am aware that Niemeyer and many, even greater, authorities have thrown doubt on the existence of such patients, but I think most of us who have seen whole families, the members of which, perhaps, have been scattered in every variety of climate and occupation, succumb to the disease, will neither be able to consider it merely catarrhal with Niemeyer or contagious with Koch and the latest and most fashionable pathologists. The class of consumptives to whom I refer is easily recognised by the marked family history, the rapidity of the process, and the course of the temperature, and they will do best if sheltered from every possible exciting cause by being sent to the most sheltered climate, the best in this respect being Mentone.

A sea voyage through the tropics might be beneficial were it not for the impossibility of obtaining the conveniences which are absolutely necessary in such cases, and the further drawback that no communication can take place between the patient and his relatives in the case of serious symptoms arising. Under existing conditions in these cases it must be absolutely vetoed.

The majority of cases of what is popularly called consumption, however, are not inherited but acquired. These again must be classified according to their stages. In an early stage, and in subjects accustomed to an active out of door life, and are good riders, and perhaps not averse to manual labour, no better destination for a consumptive patient could be found than Australia or New Zealand, but care should be taken to eliminate those whose prospects would be irreparably injured by departure from England. It is obviously unwise to subject a patient to the loss of time entailed by a long sea voyage to the other end of the world if the same object can be attained by a sojourn for a few months at Davos. Some weight must be given to the fact of the patient's being liable or

not to sea-sickness before deciding for or against a sea voyage. The ill-effects of prolonged sea-sickness must not be overlooked; it is well known that the life of Darwin was materially shortened by the effects of sea-sickness during his cruise in the *Beagle*.

Early cases and those susceptible of a considerable amount of bracing will do well in the Engadine. It was observed and noted by Capt. Parry in his Arctic voyages that even after the ships were embedded in ice and the temperature 30 degrees below zero, the sensations were those of a warm summer's day as long as there was a complete absence of wind, but that directly a breeze arose the greatest precautions were necessary against frost-bite, and only constant movement could keep off the lethargy which under those circumstances ended in death. On the Davos Platz, at an altitude of 6,000 feet above the sea, currents of air are almost completely absent, and hence many degrees of frost are well endured, while the rarity of the air enables the patient to completely fill his lungs at every respiration, and thus conduces to the cure of existing lesions.

The drawbacks to be counted with, such as insufficient circulation and accumulation of vitiated air, confinement during part of the day and the whole of the night in stove-heated atmospheres, imperfect drainage, &c., are inevitable accompaniments, and must not be allowed to much weigh in suitable cases. On the other hand, too much regard must not be paid to mere medical fashion, which of late years has been the cause of many unsuitable cases being sent.

Cases of acquired phthisis at more advanced stages, where indurations are not reabsorbed, or even where cavities of varying extent have been established in one or both lungs, will do well in a mildly bracing yet sufficiently sheltered climate such as that of Cannes, Hyères, St. Raphael, Ospedaletto, Bordighera, San Remo or Pegli. The choice among these latter will depend upon various considerations. Hyères is away from the sea (to prevent a frequently occurring misapprehension it may be remarked that Hyères is not situated some miles inland), and this will be an advantage to some and a drawback to others. St. Raphael is situated in the midst of extensive fir forests, a fact to which some people attach great importance. Bordighera, in spite of the fact that

large numbers of palm trees are grown there, which is often appealed to as proof of its superior mildness, is exposed to prevailing winds and is also damp. Palm trees are grown there because the people have a special concession from the Pope to supply Rome on Palm Sunday, dating from the courageous conduct of a Bordighera seaman, who, seeing that the ropes with which the great obelisk in front of St. Peter's was being raised were on the point of rupturing, shouted for water to be thrown on them, though he knew that by breaking silence during this difficult engineering feat he was incurring the penalty of death. Pegli is one of the cooler places. Ospedalletti must rank with Mentone, and is perhaps too relaxing for this class of patients. Cannes is a large town and very lively; those who like a rural life will perhaps avoid it for that reason, while others may prefer it. Considerable latitude may safely be allowed the patient in his selection among these places.

A further large class of migratory individuals comprises those in advanced years, who, in England, would have to keep the house during the winter, and, with failing sight and senses cannot but feel dull and miserable. Such patients on the Riviera are able to go about without rendering themselves liable to the attacks of bronchitis they would inevitably fall victims to in England; they enjoy their lives and no doubt add many years to them by wintering on the Riviera. Nice is perhaps the best place for this class, though, of course, great importance must be given to personal predilection. It is a large town, not unlike Paris in miniature, and will have all the advantages and also the disadvantages of its size. Gardening is often much enjoyed by elderly people and may be indulged in very readily all over the Riviera.

Anglo-Indians often on their return find the English winter too rigorous. Nice is the place *par excellence* for such persons. The climate is suitable, and they will find a society largely composed of retired Indian officials, and army men and their families. The most difficult of all cases to advise with regard to climate are the asthmatic. All that can be done is to divide them into two categories—those benefited by a moist and those by a dry atmosphere. Sicily and Madeira will suit the former, and the Riviera and Australia the latter.

4, Rue de Frejas, Cannes,  
October, 1886.

REMARKS ON *SEPIA*.\*

BY E. A. FARRINGTON, M.D.

BELONGING to the Mollusca is an animal called the *sepia*, or cuttle-fish. A hard calcareous substance belonging to the cuttle-fish is, you all know, used for the feeding of birds. The animal itself possesses a little sac or pouch which contains a dark brown, almost black fluid. When pursued by larger fish, it ejects this fluid, thus clouding the water and protecting itself from its foe. This was for a long time supposed to be the only use of this fluid. It was supposed to be entirely inert when taken into the human system. Since Hahnemann's experiments have shown the fallacy of this belief, it is safe to suppose that the cuttle-fish uses it also to kill the smaller fry upon which it itself preys. The name *sepia* is the common term used to designate this remedy in our *Materia Medica*, the juice just referred to being the part used. This juice is very much used by artists. The history of the introduction of this substance into our *Materia Medica* is as follows:—Hahnemann had a friend who was an artist, who became so ill that he was scarcely able to attend to his duties. Despite Hahnemann's most careful attention, he grew no better. One day, when in his friend's studio, Hahnemann observed him using the pigment made from the *sepia*, and he noticed also that the brush used was frequently moistened in the artist's mouth. Immediately, the possibility of this being the cause of the illness flashed across Hahnemann's mind. He suggested the idea to the artist, who declared positively that the *sepia* paint was absolutely innocuous. At the physician's suggestion, however, the moistening of the brush in the mouth was abandoned and the artist's obscure illness shortly passed away. Hahnemann then instituted provings with the *sepice succus*. All the symptoms observed by him have since been confirmed. In 1874, the American Institute of Homœopathy, acting under the absurd notion that our old remedies should be re-proved, performed this task for *sepia*. There were made some twenty-five provings of the drug in from the third to the two-hundredth potencies. These were reported at

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\* From an extemporaneously delivered lecture, reported phonographically by Clarence Bartlett, M.D.

the meeting of the Association in 1875. They testify to the fact that the provings left us by Hahnemann cannot be improved upon.

*Sepia* is a remedy of inestimable value. It acts especially on the female organism, although it also has an action on the male. It is particularly adapted to delicate females with rather fine skin, sensitive to all impressions, usually with dark hair, although not necessarily so; the face is apt to be sallow, and the eyes surrounded by dark rings.

To understand the symptomatology of so large a medicine as *sepia*, it having in its pathogenesis some two thousand symptoms of more or less importance, we will consider the action of the substance as it affects the various tissues. First of all, the *blood*. *Sepia* causes great disturbance in the circulation; many of its symptoms seem to depend upon venous congestion, and this is especially noticeable in the portal circulation. Reviewing some of the symptoms based on this pathological condition, we find, flashes of heat which seem to begin about the trunk and go upward to the head with anxiety and, of course, an oppressed feeling, ending in perspiration; throbbing all over the body, particularly at the epigastrium, in the hepatic region, in the uterine region, and in the small of the back. This symptom is very common in hysteria and in chlorosis. Nose bleed, *epistaxis* so called, either from mechanical causes as a blow or fall, from being in a hot room or from suppressed menses. Throbbing pain in the uterus, the uterus when examined is found to be swollen, engorged with blood, sensitive to the touch, and, as we shall see when speaking of the local symptoms, displaced. The hands are hot and the feet are cold; or as soon as the feet become hot, the hands become cold. This is an excellent indicating symptom for *sepia*.

Next we look at the symptoms of the skin. Again, we find its action owing to the defective venous circulation. We know that when the vaso-motor nerves are inactive, the skin is more liable to the effects of irritation and particularly to herpetic eruptions, and it is particularly herpetic eruptions which *sepia* cures. Little vesicles form, particularly about the elbow and knee joints. Ulcers may form about the joints, particularly about the joints of the fingers. Under *sepia*,

these are generally painless. There are only two other remedies that I know of, that have this symptom, and they are *borax* and *mezereum*. *Sepia* has been suggested as a remedy in *herpes circinnata*.

*Sepia* also causes yellow-brown spots, itching, redness, vesicles, humidity and rawness, scaling, pustules. The warm room makes the urticaria-patient feel comfortable; but the warmth of the bed aggravates the pricking of the skin.

*Sepia* stands well in the treatment of *psoriasis*, though inferior to *arsenic* and *arsenicum iodide*.

These yellow-brown spots have also been removed by *lycopodium*, *nux vomica* and *sulphur*. *Woorari* is used by Dr. Baruch of New York.

Besides *sepia*, *calcareo carb.*, *baryta carb.*, and *tellurium* have been recommended for ring worm. *Baryta carb.* has never been successful in my hands.

*Tellurium* is useful for ringworms which seem to come in clusters.

In scabies, *sepia* is indicated after *sulphur* when pustules intersperse the itch vesicles.

*Sepia* has a marked action on the connective tissue, weakening it, and thus producing a great variety of symptoms. Thus there is weakness of the joints, which give out readily when walking; weakness about the pit of the stomach, which is not relieved by eating. This effect of *sepia* may be utilised in cases in which the joints are readily dislocated.

Now, taking up the organs *seriatim*, we find *sepia* to have a marked action on the mind. It produces a mental state which is quite characteristic, and which ought to be present when *sepia* is the remedy. The patient, usually a woman, is low-spirited, sad, and cries readily. This sadness is usually associated with irritability. It will not do to find fault with the *sepia* woman. At other times she manifests a condition of perfect indifference. She does not care for her household affairs or even for her own family.

This mental state of *sepia* is to be distinguished from that of *pulsatilla*, *natrum mur.* and *causticum*. *Pulsatilla*, however, is the nearest analogue. Both it and *sepia* develop a state of weeping, anxiety with ebullitions, peevish ill-humour, solicitude about health, &c. But only *pulsatilla* has the mild yielding clinging disposition

seeking consolation; but it lacks the angry irritability and the cool indifference of *sepia*.

*Natrum muriaticum* is complementary to *sepia*. They agree in causing weeping mood, depression of spirits, persistent recalling of past unpleasantness, irritability, indifference, loss of memory, and alternation of mental states. The former has prominently "worse from consolation." Clinically, we may say the same for *sepia*. Both remedies, too, have ailments aggravated by vexation or anger. The two are evidently similar in causing weak and irritable nerves, but their complementary relation consists in the fact that *sepia* causes the most vascular erythism; hence it is that under *sepia* disturbed feelings induce congestion to the chest and head, animated conversation causes hot face, and sweats follow excitement. In *natrum mur.* the symptoms point more to nervous excitement or weakness alone, hence emotions induce tense headache, animated talking, drawing up the spine, and unpleasant thoughts cause sadness, paralytic weakness or irritability without ebullitions. If hypochondriacal, it is a state of melancholy from mental depression caused by inert bowels; while in *sepia* the same state depends also upon portal stasis, and therefore is more persistent and associated with more irritable temper. *Natrum mur.* may be called for when the mental state depends upon uterine disease or menstrual irregularity, but this will only be a prolapsus, never the uterine engorgement of *sepia*. The indifference of *natrum mur.* is born of hopelessness and mental languor; while that of *sepia* includes an undisguised aversion to those nearest and naturally dearest.

*Causticum* induces sadness, especially before the menses. The face is yellow; but the anxiety is more a timid, fearful state. She is full of forebodings. She dreads the possibility of accidents to herself and others.

Let us now consider the head symptoms of *sepia*. There is a disease of the head called hemicrania, for which *sepia* is one of our main remedies. The symptoms which indicate it here are the following: pains over one eye (it may be either) of a throbbing character, deep stitching pains which seem to be in the membranes of the brain, and these pains almost always shoot upwards or from within outwards. The patient can bear neither light, noise, nor motion. Usually with women, there is

soreness of the face and disturbance of uterine position or of menstruation. We find too that the patient may have a jerking of the head backwards and forwards. This has been utilised in nervous women (with hysteria for instance), and also in children with open fontanelles. In this case, you should not give *sulphur*, *calcarea*, or remedies of that type. *Sepia* is also useful in arthritic head-aches, especially when like those of *nux vomica* they are worse in the morning, with nausea and vomiting. The liver is of course affected, and the urine is loaded with uric acid.

In hemicrania, you may compare *sepia* with *belladonna*, *sanguinaria*, *iris versicolor*, *pulsatilla*, *nux vomica* and *theridion*.

*Belladonna* is to be selected in hemicrania when there is violent hyperæmia, with throbbing carotids, red face, intolerance of the least jar, light or noise. It is indicated you will see in plethoric patients, and not in the cachectic as with *sepia*.

*Sanguinaria* produces a right-sided headache, the pains coming over from the occiput. They increase and decrease with the course of the sun, reaching their acme at mid-day. The paroxysms end with profuse urination (as in *silicia*, *gelsemium* and *veratrum album*). They recur every seven days. *Sanguinaria* also has a menstrual headache which attends a profuse flow. In *sepia* the menses are scanty. In *sanguinaria*, the pains are on the right side; in *sepia*, they may occur on either.

You will use *iris versicolor* in hemicrania when the attack begins with blurring of sight and the paroxysms are attended with sour watery vomiting. The pains involve the infra-orbital and dental nerves, with stupid or stunning headache.

*Pulsatilla* is very similar to *sepia*. Both are indicated with scanty menses, bursting, throbbing or boring stitching pains on one side of the head, obscuration of sight, white tongue, nausea and vomiting. *Pulsatilla* has the most vomiting, thickly furred tongue with clammy mouth and relief from cold air. The pains are shifting in character, and are associated with chilliness. They are worse in the evening. In *sepia*, the pains recur in shocks or flashes, with proportionate increase of heat in the head; the blurring of sight is associated with heavy eye-lids; and the face, though red with headache in



either remedy, is ordinarily yellow with *sepia* and pale with *pulsatilla*.

*Nux vomica* is more suited to men than is *sepia*. It cures a drawing, aching feeling as of a nail driven into the head, or as if the brain were dashed to pieces. The face is pale sallow, or sallow on a red ground. The attacks commence early in the morning, and generally increase to a frantic degree. As under *sepia* the exciting causes may be hæmorrhoids, abdominal plethora, or brain fatigue. In general, however, the two drugs are very different.

*Arsenicum album* will cause a throbbing stupifying head-ache over the left eye. In this particular, it resembles *sepia*; but the prostration and restlessness of the two drugs are very different, as is also the intensity of the angry irritability, even to swearing, which *arsenicum* induces. The *arsenic* head-ache exceptionally derives a temporary relief from the application of cold water to the head.

*Theridion* has more accurately speaking flickering before the eyes, then blurring. The nausea of this remedy is made worse by closing the eyes, and also by noise. The effect of noise is more intense than in *sepia*. It seems to intensify the pains, and, as it were, penetrates to the teeth, so sensitive are the nerves to this sort of vibration.

*Sepia* very useful in diseases of the eyes. You will find it indicated in asthenopia attending uterine diseases. You may differentiate *sepia* from other remedies by the time of its aggravation, the patient generally being worse in the evening; in the morning and afternoon, she is quite free from symptoms.

In *conjunctivitis*, you will find *sepia* indicated when the inflammation is of a sluggish type, occurring generally in scrofulous children. The symptoms are sub-acute. There is muco-purulent discharge in the morning. The eyes feel comparatively comfortable during the day, while in the evening there is an annoying dryness of the eyes.

Under *pulsatilla*, which you may also use in *conjunctivitis*, there is a discharge of muco-pus, but it is bland and is worse at night, with agglutination of the lids in the morning. There are fine granulations on the lids. The patient is subject to repeated highly inflamed styes.

*Graphites* you may employ when the canthi crack and bleed, and the edges of the lids are pale and swollen as well as scaly.

*Thuja* is indicated in eye affections of tea-drinkers. Brown bran-like scales accumulate about the cilia, and there are little tarsal tumours like warts.

*Nux vomica* will be called for in eye affections associated with liver diseases. The symptoms are worse in the morning, and some of them are relieved by cold bathing.

*Natrum mur.*, like *sepia*, is indicated in eye affections reflex from uterine disease; the lids droop. But under *natrum mur.* there is more spasmodic closure of the lids in conjunctivitis, the discharges are thin and acrid; there are cracks in the canthi and also in the corners of the mouth; pains over the eye worse when looking down.

Next, the action of *sepia* on the abdominal organs. We find it indicated in the form of dyspepsia mentioned a few minutes ago, and also in the dyspepsia incident to uterine diseases, when it is associated with a gone, empty feeling in the epigastrium or the abdomen, with sour or bitter taste in the mouth, and with longing for acids, pickles, the gratification of the appetite for which seems to relieve these symptoms. The tongue is coated white, the bowels are usually constipated, the stools being hard, dry, and insufficient, or even if not indurated, are expelled with difficulty. The abdomen is swollen, and distended with flatus; and there is almost always soreness in the hepatic region. On making a physical exploration, you find the liver enlarged, not from fatty or amyloid degeneration, but from congestion.

Hæmorrhoids are also an indication for *sepia* when there is bleeding at stool, with a feeling of fulness in the rectum, as though it were distended with some foreign material, which seems to excite an urging to stool. The urine has a peculiar fœtid odour, and is very turbid. When standing, it deposits a lithic acid sediment, which adheres quite tenaciously to the side of the vessel.

*Lycopodium* is a very worthy rival of *sepia* in the condition just described. The distinction between the two remedies may be given you in a very few words.

A sensation of emptiness in the epigastrium is more characteristic of *sepia*; repletion after eating of *lycopodium*. Indeed, with the last-named the repletion overshadows the other symptoms, often existing without any

alterations in the appearance of the tongue. Sour taste and sour or burning eructations are, however, very common. The abdomen is in a state of ferment. After eating, the circulation is disturbed, with irresistible drowsiness. The urine contains a sediment of free red sand. The bowels are constipated with urging and constriction of the anus. The urine, however, is not so offensive as under *sepia*.

*Sulphur* resembles the *sepia* in many respects. Both are suited in torpid cases with defective reaction. There are abdominal plethora, congested liver, piles, constipation, hunger about 11 a.m.; bitter or sour taste; eructations sour or tasting like bad eggs; fulness from little food, &c. In *sulphur* the face is more blotched, red, and at times spotted. Saliva nauseates him. He vomits food. He craves brandy or beer and sweets, but the latter disagree. He experiences hunger at 11 a.m.; while in *sepia* it is more of a gone faint feeling. The constipation is attended with ineffectual urging like *nux vomica*.

For gone empty feeling in the epigastrium, compare *sepia* with *calcaria ostreorum*, *cocculus*, *kali carb.*, *stannum*, *ignatia*, *carbo. an.*, *sarsaparilla*, *niccolum*, *oleander*, *ipecac.*, *thea*, *staphisagria*, *actea rac.* and *hydrastis*.

*Cocculus* has the weakness extending all over the abdomen and chest. It tires her to talk. The feeling is renewed by over-exertion and especially by loss of sleep.

*Kali carb.* has empty feeling before eating, out of proportion to the feeling of vacuity caused by hunger, with undue bloating after eating, especially after soup, in small quantity.

Under *stannum*, the sensation continues after eating, and extends all over the chest.

With *ignatia*, it is attended by sighing.

Under *carbo animalis* it arises from loss of vital fluids.

*Sarsaparilla* has it associated with rumbling in the abdomen.

*Niccolum*, without desire for food.

*Oleander*, with sensation of distended abdomen; the chest feels empty and cold.

*Actea racemosa* is excellent when, with the faint, empty feeling in the epigastrium, there is a trembling, wavy sensation, proceeding from the stomach over the body.

*Hydrastis* relieves when there is sinking sensation palpitation of the heart and mucus-coated stools.

*Thea* produces a gone faint feeling; sick headache radiating from one point, and pains in the left ovary.

Let us return to our study of *sepia*. Going still lower in the abdomen we find it exhibiting a very marked action on the uterine organs, causing, as I mentioned a few moments ago, engorgement of the uterus with displacement. In a well advanced *sepia* case the uterus is enlarged and the cervix is indurated. The organ is either prolapsed or retroverted. Leucorrhœa is a very prominent symptom, the discharge being of a yellowish green colour, and somewhat offensive. With these objective symptoms, we find bearing down pains in the abdomen and in the small of the back. This is so extensive at times that it seems to interfere with breathing. Sometimes the patient feels as if everything would be forced out through the vulva. This feeling seems to be relieved by sitting with the limbs crossed. With the bearing down, there is associated a back-ache, referable to the lumbar or sacral region. It is decidedly worse when the patient is standing or walking. There are burning pains in the uterus, and sometimes pains of a sharp character shooting upwards, or there may be a sensation as if the uterus was clutched by a hand (*cactus* and *lilium* have this symptom also). The menses are usually late and scanty, although exceptionally they may be early and profuse.

(To be continued.)

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## REVIEWS.

*Hobson-Jobson, being a Glossary of Anglo-Indian Colloquial Words and Phrases and of Kindred Terms, Etymological, Historical, Geographical and Discursive.* By Col. H. YULE, R.E., C.B., LL.D., and the late A. C. BURNELL, Ph.D., C.I.E. London: John Murray. 1886.

A story is told of a gentleman to whom a dictionary was given to read, but he soon returned it to the donor, with the remark that it seemed "a very learned work, but was too desultory for continuous reading." The work, whose title we give above, is a dictionary, and as such very desultory, but in spite of that it is such a fascinating book that one does not like to put it down when once taken up. The title certainly does not seem to promise much attractiveness in the contents, for it is hardly to be supposed that persons who have never

been to India would care much about the slang of the Anglo-Indian; but this is much more than a slang dictionary. It contains the most interesting and precise information respecting every word and everything in any way connected with India, and indeed, with all Oriental countries, that is even remotely interesting to the European race. It does not confine itself to slang, properly so called, but includes all those vernacular words commonly used by Indians in their communications with Europeans, and many other things besides. Every word, every phrase, is illustrated by quotations from the works of all sorts of authors, the bibliography ranging from hundreds of years before the Christian era to our own times. As some of our medicines are derived from India, we were curious to see what the authors would tell us concerning them. Here is what we read concerning the Indian species of *aconite* :—

“ Bish, Bikh, &c., n. Hind. from Skt. *visha*, ‘poison.’ The word has several specific applications, as (a) to the poison of various species of *aconite*, particularly *Aconitum ferox*; otherwise more specifically called (Skt.) *ratsa-nabha* (‘calf’s navel’) corrupted into *bachnab*, *bechnag*, &c. But it is also applied (b) in the Himalaya to the effect of rarified atmosphere at great heights on the body, an effect which there and over Central Asia is attributed to poisonous emanations from the soil, or from plants—a doctrine somewhat naively accepted by Huc in his famous narrative. The Central Asiatic (Turki) expression for this is *Fsh*, smell.

“ a. 1554. ‘Entre les singularités que le consul de Florentins me monstra, me feist gouster vne racine que les Arabes nomment *Bisch*; laquelle me causa si grande chaleur en la bouche, qui me dura deux iours, qu’il me sembla y avoir du feu . . . Elle est bien petite comme un petit naueau; les autres (auteurs?) l’ont nommée *Napellus*.’—*Pierre Belon, Observations, &c.*, f. 97.”

Then follow numerous quotations respecting the second meaning attached to the word, which we need not transcribe.

We next wished to see if the latest addition to our pharmacopœia had a place in this work. We were not disappointed. We found it mentioned under its native name thus :—

“ Jmoon, s. Hind. jamun, jaman, jamli, &c. The name of a poor fruit common in many parts of India, and apparently in East Africa the *Eugenia jambolana*, Lamk. (*Calyptanthus jambolana* of Willdenow, *Syzygium jambolanum* of Decand.) This seems to be confounded with the *Eugenia jambos*, or rose-apple (see *Jamboos*, above), by the author of a note on Leyden’s *Baber*, which Mr. Erskine justly corrects (*Baber*’s own account is very accurate), by the translators of *Ibn Batuta*, and

apparently, as regards the botanical name, by Capt. Burton. The latter gives *jamli* as the Indian and *zam* as the Arabic name. The name *jambu* appears to be applied to this fruit at Bombay, which of course promotes the confusion spoken of. In native practice the stones of this fruit have been alleged to be a cure for diabetes, but European trials do not seem to have confirmed this.

"c. 18\*\*." 'The inhabitants (of Mombasa) gather also a fruit which they call *jamun*, and which resembles an olive; it has a stone like the olive, but has a very sweet taste.'—*In Batuta*, ii., 191. Elsewhere the translators write *tchounoun* (iii., 128, iv., 114, 229), a spelling indicated in the original, but surely by some error.

"c. 1580. 'Another is the *jaman* . . . . It is on the whole a fine-looking tree. Its fruit resembles the black grape, but has a more acid taste, and is not very good.'—*Baber*, 325.

"The note on this runs: 'This, Dr. Hunter says, is the *Eugenia Jambolana*, the rose-apple (*Eugenia jambolana*, but not the rose-apple which is now called *Eugenia jambu*.—D.W.) The *jaman* has no resemblance to the rose-apple; it is more like an oblong sloe than anything else, but grows on a tall tree.'

"1568. 'I will eat of those olives—at least they look like such; but they are very astringent (*ponticas*) as i' binding—and yet they do look like ripe Cordova olives.'

"O. 'They are called *jambolones*, and grow wild in a wood that looks like a myrtle grove; in its leaves the tree resembles the arbutus; but like the jack, the people of the country do not hold this fruit for very wholesome.'—*Garcia*, f. iii. y.

"1859. 'The Indian *jamli* . . . . It is a noble tree, which adorns some of the coast villages and plantations, and it produces a damson-like fruit, with a pleasant sub-acid flavour.'—*Burton*, in *J. R. G. S.*, xxix., 96."

Did space permit, we might extract many other articles of great interest to medical men respecting medicines and maladies peculiar to India. We should have liked particularly to have transcribed what the learned authors say respecting cholera under its various names of "Cholera," "Corporal Forbes" and "Mort de Chien," the Guinea Worm, Dengue, and other peculiarly Oriental maladies, but must refer the reader to the work itself, as they are much too long for transcription. What we have given above will show the learned manner in which the authors have accomplished their work. It is a very cyclopædia of information on everything appertaining to the Orient, and is interesting and instructive to the general reader, as much as to the Anglo-Indian whom it more especially concerns. For

the benefit of the former, however, in the absence of a complete system of cross-references in the body of the work, we would suggest that an index is very desirable, for unless familiar with the Anglo-Indian argot, or the common Oriental words that have slipped into the language of our countrymen in the East, it is not always easy to find what one is in search of. Thus in the two instances given above, *aconite* and *syzygium* are not likely to be known to the un-Orientalised reader as *Bish* and *Jamoon*, under which heads alone are they to be found.

It is curious to find that some of our own slang terms which seem to be peculiarly English are undoubtedly of Oriental origin. Thus the vulgar phrase, "that's the *cheese*," is evidently an Anglo-Indian importation, *chiz* being the Persian and Hindostanee word conveying the same idea. Who would have thought that "I don't care a *dam*," is derived from the Hindostanee *dam*, the name of an actual copper coin of the value of the fortieth part of a rupee? The Iron Duke's favourite phrase, "I don't care a twopenny *dam*," was probably a reminiscence of his Indian experience, though he seems to have made a mistake in the monetary value of the coin. "Halfpenny *dam*" would be nearer the mark at the present rate of exchange. But the rupee was more valuable in the Duke's day, and his valuation of the small coin would probably suffice for all practical purposes.

Colonel Yule, to whom much the greater part of this extremely interesting and instructive work is due, is well known to the literary world by many learned works, and especially by his elaborately annotated edition of *Marco Polo*.

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*The Elements of School Hygiene, for the use of Teachers in Schools, with a Bibliography.* By WALTER E. ROTH, B.A., &c. London: Baillière. 1886.

School hygiene, which has been so much and so wisely written on by Dr. M. Roth, is cultivated with assiduity by several of his sons. Mr. W. E. Roth here gives us a very concise text-book of the subject, which we have no doubt will prove of great assistance to all engaged in building, re-modelling, or superintending schools. There is no doubt that many diseases and defects are produced in children by imperfect or improper arrangements in the schools they frequent. It is of immense importance that children in their school-houses should have their school-rooms properly ventilated and properly lighted; that their seats should be such as to render it unnecessary that they should be cramped into positions conducive to deformity; that their playgrounds should be so constructed as to protect them from accidents, as far as possible.

A knowledge of all the requisites for keeping children in good health and free from deformity, myopia or other defects, does not, like Dogberry's reading and writing, come by nature. This forms the subject of "school hygiene," which requires as certainly to be studied as the three R's themselves. Mr. Roth has collected in this small volume a great deal of valuable information on his subject. He does not, being of course young, pretend to much originality; indeed, his book reminds us of what an unsophisticated spectator said of the play of Hamlet, viz., "that it seemed almost entirely made up of quotations." But Mr. Roth's book is not the worse for that, as he has been very judicious in selecting the best bits of the various authors he has consulted. The Bibliography at the end of the book is very complete, and gives us a notion of the enormous number of authors who have written on the subject of pædagogic hygiene. The book before us has a good index, but it has no table of contents, which is an omission we hope the author will supply when a second edition is called for.

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## MEETINGS.

### ANNUAL MEETING OF THE HOMŒOPATHIC PHARMACEUTIC ASSOCIATION OF GREAT BRITAIN.

THE Eighteenth Annual Meeting of this Association was held on Tuesday evening, the 24th August, 1886, at the Queen's Hotel, Cheltenham. The President, Mr. J. C. POTTAGE, of Edinburgh, occupied the chair, and after the minutes of the last meeting had been approved, the annual report and balance-sheets were submitted and agreed to.

The office-bearers for the ensuing year were then elected:—Mr. J. C. POTTAGE, President; Mr. J. C. THOMPSON, Honorary Treasurer; and Mr. CHEVERTON, Honorary Secretary.

The President, having acknowledged the honour conferred upon him (and some routine business having been transacted), proceeded to deliver an address, in which he congratulated the members on the condition of the association, and dwelt upon the importance of the pharmacist's calling, urging that it was not enough that he should be merely a pharmacist, but that, to discharge his functions aright, he must also be a pharmacologist. The pharmacist's calling is, he said, "of a twofold character. He is not a merchant, merely selling certain goods required in families, he is the indispensable ally of the medical practitioner, and on his educational training and experience, as well as on that of the doctor, society must depend for its deliverance from sickness and death itself, so far as human agency is concerned. Functions so all-important require the



attention of every civilised government, which cannot permit the health and life of the citizens to be at the mercy of incompetent persons. Our government has so far recognised its responsibility in this direction.

"The Pharmacy Act of 1868 ties down the registered chemist and druggist by certain restrictions in the sale of poison; but it does not prevent the wholesale druggist, photographic chemist, or manufacturing chemist—who are not registered under the Pharmacy Act of 1868—from selling any of the poisons in the schedule of declared poisons to traders to again sell to the public, in packets or otherwise. Moreover, by attaching the patent medicine label to such packets, the grocer or draper may vend the forbidden (?) poison to the public, free of the restrictions placed upon the registered chemist. And so our boasted civilisation, in its unreasoning adherence to free trade in a matter requiring to be otherwise regulated, has introduced amongst us that which is commonly regarded as a conspicuous mark of barbarism—a reckless disregard for human life and health.

"The pharmacist's calling, I have said, is twofold in its nature, partly professional and partly commercial; he is, in every sense, a professional man, and he is equally a business man. In the latter capacity, the pharmacist is forced to consider some difficult questions. These are perplexing times for him. Pharmaceutical education and examination have advanced with the times, and reach to-day a greater state of thoroughness and perfection than at any previous period. The pharmacist has to comply with a rigorous course of study, and present himself for searching examination at the hands of able scientists and pharmacists. And he has to deal, in the exercise of his daily duties, with an educated public, many of whom are conversant with chemistry, and botany, and other scientific subjects. So we see that a pharmacist in 1886 pursues his calling under entirely changed conditions from those which existed fifty years ago. Then there were no "exams.;" the pharmacist exercised his functions as he listed, and knew no rule for the conduct of his chemical operations, save the rule of thumb. Now there are examinations, and the practice of pharmacy can only be carried on by men who have acquired certain knowledge, and proved themselves to be capable pharmacists and chemists. In earlier days chemistry was enshrined in a halo of mystery, whose weird and uncanny darkness prudent folks declined to penetrate. To-day chemistry is taught in elementary schools and has been totally divested of its supernatural character. The public are familiar with its laws and principles, and its professors are no longer regarded as magicians, to be feared and conciliated, but as

exponents of a science which of all others has been most beneficent to mankind.

"But what has this to do with the pharmacist? Well, it has quite changed his position in relation to the public. That of which he was sole custodian is now common property. The friendly shades of mystery into which our pharmaceutical forefathers could withdraw when occasion required have been dissipated by the clear strong light of nineteenth century education, and familiarity has bred, if not contempt, at least decreased respect.

"Then, many chemicals and drugs of wide and universal consumption, such as borax, carbonate of soda, arsenic, acetate of lead, salt of lemons, sulphate of zinc, Epsom salts, Parrish's syrup, quinine and iron tonics, castor oil, carbolic acid, sheep dipping, saltpetre, cream of tartar, glycerine, isinglass, tartaric acid, &c., &c., have passed into the hands of the grocers, who, regarding these articles from a purely commercial point of view, as they do sugar and tea, retail them at a profit which is insufficient to remunerate the conscientious pharmacist, who is careful to sell nothing of whose genuineness he has not been assured by actual personal test. That this is a state of things actually existing, no one who will take the trouble to investigate can question."

Mr. Pottage then dwelt on the injury done to the pharmacist's trade by the "cutting prices" adopted at the stores and by grocers and others. The Pharmacy Act of 1868, he contended, did not protect the pharmacist's "income from being filched away by the costermonger of trade." He appealed for fair play for the pharmacist, saying:—

"The Government has given him position without protection, and this protection he now seeks. A new Poison Bill is in contemplation by the Government this session. Here is an opportunity afforded to the pharmacist for demanding the protection, which both he and the public require, from ignorant, untrained, and incompetent dispensers of drugs. The Pharmaceutical Society, it is said, intend to suggest additions to the schedule concerning poisons. But that is not enough. If the Pharmaceutical Society is to occupy the position and do the work required of them by the profession, they must go further, and insist upon the introduction of a clause into the Bill, making it unlawful for any but registered chemists to sell articles containing medicinal properties such as are enumerated in the list agreed upon."

If reliance could not be placed on the Pharmaceutical Society to bring about the reforms he thought required, Mr. Pottage urged that Parliament should be petitioned, and that Committees should be formed in every town to urge the

claims they considered just. After pointing out that the position of the homœopathic pharmacist was higher than that of the old-school pharmacist, inasmuch as the former was not only a pharmacist but a pharmacologist, he urged the importance of obtaining the sympathy and co-operation of the public, and concluded by referring to the Homœopathic League in the following terms:—

“ It is proposed to form a Homœopathic League which shall include all persons, whether lay or professional, who recognise the importance of the great medical reform introduced by Hahnemann. The promoters of this League have taken note that homœopathy, while it has made steady advances in public favour from its beginning to the present time, has not progressed in the same rapid ratio of late years as when, at the first, it had the benefit of full public discussion. The policy of our opponents is to prevent, by all the means in their power, the presentation of our rational methods of cure, either in the field of literature, or in hospital or dispensary practice. Any notice they deign to give us is misrepresenting and contemptuous. It is time that we should again secure for ourselves the opportunity of appealing to a more impartial tribunal—that of the great body of the people. The League proposes to do this by the circulation of books and pamphlets, by popular lectures and public meetings, and any other methods which may be found expedient. I have no doubt that these means which, when tried before, were found so successful, will be not less efficacious now; and I trust that the members of our Homœopathic Pharmaceutic Association will be ready to assist, to the utmost of their power, in the formation of this promising League, and the promotion of its objects.”

Mr. J. C. THOMPSON (Liverpool) moved a vote of thanks to the President, and in doing so said that the evil of store, grocery, and drapery competition was spreading to an alarming extent, and unless some repressive measures were taken he was afraid the pharmaceutical chemists' business would be gone. He quite agreed with the President that an active and conjoint action should be taken to protect the interests of the profession. It was no use relying upon the Pharmaceutical Society for anything to benefit the trade; and he thought that a committee should be formed for the purpose of taking the work in hand, and continuing it actively until something satisfactory had been accomplished.

Mr. CHEVERTON (Tunbridge Wells) seconded Mr. Thompson's proposition, and cordially endorsed what had been said. He viewed the present unsatisfactory condition of the pharmacist's position with regret, and as the reports he constantly saw published in the pages of the *Chemist and Druggist* showed that the

insults to the registered chemist and druggist were greatly on the increase, without some legislative interference he thought they would render the business not worth following, and concluded by thanking the President for the active interest he had ever shown in the welfare of the trade, and expressed the pleasure he would feel in disseminating the views they had had laid before them as far as he could.

The meeting then empowered the executive to form a committee to carry out the suggestions embodied in the address.

The proposed International Pharmacopœia was next discussed. Mr. Cheverton proposed that its consideration should be resumed at the next meeting, to be held in London on the 20th October.

After other subjects before the meeting had been discussed, the proceedings terminated with a vote of thanks to the chairman.

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## NOTABILIA.

### LONDON HOMŒOPATHIC HOSPITAL AND MEDICAL SCHOOL.

THE winter session this year was opened on the 5th of October, by the delivery of the Hahnemann Oration by Dr. J. H. CLARKE. The Bayes' Ward, in which the meeting was held, was well filled by an interested and appreciative audience.

Dr. Clarke took for his subject *The Revolution in Medicine*. He commenced by describing the state of medicine at the time Hahnemann entered upon its practice, and then gave a sketch of his early history, and showed that long ere he had thought of homœopathy he had established a reputation for being one of the most learned and proficient among the physicians and scientific philosophers of his time. He next pointed out the steps by which he arrived at the conclusion that there was a definite relation between the action of a drug on the healthy and that it exercised on the sick, that this relation was represented by the formula *similia similibus curentur*, and that its practical application enabled the physician to predict the remedy for a given form of disease with the greatest accuracy. Coming to the years when persecutions drove him from Leipsic to Coethen, he showed that by that time his work was, to a large extent, completed and able to take care of itself, supported as its development was by enthusiastic disciples, and its value attested by the success which followed his method of drug selection in the treatment of cholera and other epidemic diseases. He then traced the influence of Hahnemann's work on the practice of medicine, showing how all the real improvements in practice had been derived from his researches and

teaching, and how baseless were the claims of those who pretended that to them, and not to Hahnemann, the advances in therapeutics were due. Dr. Clarke went on to show that the revolution in practical medicine, inaugurated by Hahnemann, was not yet complete; that the persecutors of his day had their representatives in the medical "boycotters" of his disciples in our own time; that the professors of pharmacology in the universities and hospital medical schools directed the students' attention to experiments on the lower animals, as the only source of progress in the study of *Materia Medica*, whilst they were at the same time driven to satisfy his therapeutic cravings with "a dish of crumbs furtively swept from Hahnemann's floor;" and that the greatest pressure was put upon students to prevent their engaging in the study of homoeopathy. After referring to the work of the hospital and medical school, Dr. Clarke concluded an admirable address by saying "our work is for truth and justice and light. To all who love justice, and are not afraid of truth, we look for help in our endeavour to break down what still remains of the tyranny of darkness in medicine, and to hasten the coming of the perfect day of liberty and light."

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We have heard with much pleasure of several important additions having recently been made to the funds of the hospital. A thousand pounds has been received for the endowment, in perpetuity, of a bed in memory of the late Daniel Bax, of Kenmure, Streatham. A legacy of £800 has also been received from the estate of Mrs. Catherine Greaves. By the termination of a life interest in £500 Stock of the Great Indian Peninsula Railway, bequeathed to the hospital by Miss Sophia Milton some years ago, subject to the said life interest, this amount has reverted to the hospital.

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The preparations for the Fine Art Distribution, which will be held at no distant date, are now being rapidly pushed forward. Among the works of art already received are:—Two prizes at 40 guineas; one at 35 guineas; two at 25 guineas; six at 20 guineas; sixteen between 20 guineas and 10 guineas; twenty-six between 10 guineas and 5 guineas; and sixty-six between 5 guineas and 1 guinea. One is promised from Sir J. D. Linton, Bart., the value of which may be 100 guineas. Without reckoning this, the total value is £800, and the total number of prizes 150, with many consolation prizes in addition; all of which have been generously presented to the hospital either by the artists themselves or by liberal friends.

Among the artists represented on the prize list are:—Sir James D. Linton, Bart. (President of the Royal Institute of Painters in Water-colours); T. O. Barlow, R.A.; Arthur Croft; Charles Jones; Samuel Bird; Albert Edward; Tristram Ellis; W. H. Wheeler; Annie Wheeler; John Absolon; Gustave Doré; Robert Macbeth, A.R.A.; E. H. Holder; C. Thornley; H. Dixon; and Ernest Parton. We have also received a list of the subscribers to the distribution, which we hope to publish next month. We may add that so brilliant an opportunity of getting good oneself and doing good to others at the same time rarely occurs. We would urge our readers, one and all, to send a guinea for a ticket, or five pounds for a book of six tickets, to Mr. G. A. Cross, at the hospital, Great Ormond Street, W.C., as speedily as possible.

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The successor of Mr. Hermann G. Hilbers (who has recently settled in practice at Brighton), in the post of resident medical officer, is Mr. D. A. O'Sullivan.

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#### THE SOURCE OF MODERN THERAPEUTICS.

In *The British Medical Journal* (July 31, 1866) Dr. Millard, of Edinburgh, writes with full confidence of the value of *liquor hydrargyri perchlor.* in a diarrhœa of children characterised by frequent, watery, offensive stools. In the same periodical of the 21st August, Dr. Macdonald, of Liverpool, writes, that he gives in profuse watery diarrhœa one-sixth of a grain of grey powder every hour, and that his "ideas have been inspired by the valuable observations to be found in Dr. Ringer's book." "When the stools are slimy, with, it may be, blood streaks, I give," he says, "*liquor hydrargyri perchloridi*. 2½ drachms in two ounces of water, of which a teaspoonful every hour meets the case." In *The Journal* for the 9th ult., Dr. Millard writes, "I did not obtain my information of the use of *hydrarg. perchlor.* from Dr. Ringer's excellent work, as Dr. Macdonald perhaps supposes, but from probably the same source that Dr. Ringer obtained his, of which, to any one that knows, the book contains many traces, viz., from *homœopathic treatises*." (The italics are ours.)

This is interesting, as it is, we believe, the first occasion on which the real source of Dr. Ringer's teaching of clinical therapeutics has been distinctly asserted in a journal which habitually denounces homœopathy as being "all humbug!" The medicinal strength of the *liquor hydrargyri perchlor.* is nearly the same as the 3rd decimal of the *hydrarg. corrosivus* of the British Homœopathic Pharmacopœia.

We are moving on!

### HOME FOR INVALID LADIES, MENTONE.

We have recently received the Twelfth Annual Report of this Institution—one to which we have much pleasure in drawing the attention of our readers, hoping that by so doing, we may be the means of inducing them to make further enquiries regarding it, enquiries which we have no doubt will lead to their active support of its benevolent purposes.

The Villa Helvetia—for so the Home was named by the gentleman who built the house, out of compliment to his wife, a Swiss lady—is at Mentone. Its object is to afford rest and relief to young gentlewomen of limited means, or who have their livelihood to earn, and are in the early stage of what would prove consumption if the sufferer were not to receive adequate care in a suitable climate. It is not intended to offer merely a temporary home to the confirmed invalid, "but," as the report states, "to be the means, with the blessing of God, of restoring to active life, those whose health is beginning to give way."

The accommodation of the villa consists of a good sized dining room, drawing room, lady superintendent's sitting room, fifteen bedrooms for the invalids, each having her own separate room, and rooms for the staff.

Ladies are received from the 1st of November to the 1st of May. The nursing is done by the Deaconesses' Institution at Berne.

Applications for admission must be addressed to Mrs. Dudgeon, Les Grottes, Mentone, or to M. le Pasteur I. Delapierre, Mentone. The applicant must state her circumstances, profession, state of health, &c., and enclose a letter from a medical man, expressing his opinion that she requires a winter in the south, and that there are reasonable hopes of her recovery. If the case appears *prima facie* suitable, a form of certificate will be sent which a medical man must fill up, fully and distinctly replying to all the questions it contains. A letter is also required from a clergyman personally known to the applicant, stating that she would be unable to bear the expense of spending the winter abroad without the aid of the Home. Only ladies between the ages of eighteen and forty are admitted.

During last winter there were thirteen English and two Swiss ladies in the Home, the majority of whom derived great benefit from their sojourn there.

As usual, in such institutions, many more applications for admission are received than the limited accommodation enables the managers to entertain. The report, however, contemplates building two more bedrooms, and doubtless, if funds were available, a further extension would be entered upon.

We regard this as a particularly useful institution. For the very poor an immense deal is done for their relief in illness, while far less provision is made for that large and increasing class who, having been reared in comparative comfort, find themselves unable to obtain a sufficient livelihood owing to failing health, too often the result of over-work and inadequate nourishment.

Subscriptions and gifts will be received by Mrs. Seton-Karr, 80, Lancaster Gate, Hyde Park; by Mrs. Arthur Heywood, Elleray, Windermere; by Miss Mackenzie, 16, Moray Place, Edinburgh; by Miss Keith Murray, Ochertyre, Crieff, and by the bankers, Messrs. Ransom, Bouverie & Co., 1, Pall Mall East.

#### WATER TESTING.

THE following tests for water should be made widely known among those interested in water supply:—For hard or soft water: Dissolve a small quantity of good soap in alcohol. Let a few drops fall into a glass of water. If it turns milky, it is hard; if not, it is soft. For earthy matters or alkali: Take litmus paper dipped in vinegar, and if, on immersion, the paper returns to its true shade, the water does not contain earthy matter or alkali. If a few drops of syrup be added to a water containing an earthy matter, it will turn green. For carbonic acid: Take equal parts of water and clear lime water. If combined or free carbonic acid is present, a precipitate is seen, to which, if a few drops of muriatic acid be added, an effervescence commences. For magnesia: Boil the water to a twentieth part of its weight, and then drop a few grains of neutral carbonate of ammonia into a glass of it, and a few drops of phosphate of soda. If magnesia be present it will fall to the bottom. For iron: Boil a little nut gall and add to the water. If it turns grey or slate, black iron is present; (2) dissolve a little prussiate of potash, and if iron is present it will turn blue. For lime: Into a glass of the water put two drops of oxalic acid and blow upon it. If it gets milky, lime is present. For acid: Take a piece of litmus paper. If it turns red there must be acid. If it precipitates on adding lime water, it is carbonic acid. If a blue sugar paper is turned red, it is a mineral acid.—*The English Mechanic and World of Science.*

#### CITRIC ACID FOR TUMOURS.

HYPODERMIC injections of saturated solutions of *citric acid* have been successfully used, we are told, by Dr. Fenn, of San Diego, for the extirpation of malignant tumours. The acid, he says, is antagonistic to diseased tissue, but is innocuous to healthy cells; hence the results obtained.—*Burgoyne's Magazine of Pharmacy, &c.*



### PHYSIOLOGICAL EFFECTS OF MASSAGE.

DR. F. GOPADZE, has published a series of observations undertaken with a view to determine the effect of massage on the transformation of the nitrogenous principles of food. He has investigated the history of the subject, and finds traces of it in a Chinese work 3,000 B.C. Dr. Gopadze finds that though there has been a general tendency amongst authors to assume that massage increases the assimilative power, no exact observations on the subject have hitherto been published. He therefore obtained the co-operation of four medical students, who for three consecutive weeks became inmates of Professor Manassein's clinic, and lived on certain articles of food—bread, milk, soup, veal and roast beef, the quantities ingested being accurately noted. The nitrogen in all the samples of food, and in the fæces and urine excreted, was determined by the Kjeldahl-Borodin process. Massage was practised for from twenty to twenty-five minutes once a day two or three hours after food. The operations were commenced by *effleurage*, beginning from the extremities and working towards the centre. This was followed by *massage à friction*, *pétrissage* *tapotement*, a second *effleurage* of each part concluding the whole. The temperature was subsequently taken, and in some cases sphygmographic tracings. In all four cases the appetite was decidedly increased, not only during the week in which massage had been practised, but after it had been stopped; thus, one of the subjects took an average daily quantity of 24.95 grammes of nitrogen during the first week, 30.97 during the second or week of massage, and 29.57 during the third week. Similarly the amount of nitrogenous transformation was augmented during the continuance of massage in all four cases. The augmentation persisted in two of the cases, but in the other two the transformation was less during the third than during the first week. In Case 1 the nitrogenous transformation was increased 3 per cent. during the second week and 1 per cent. during the third. In Case 2 it was increased 1 per cent. during the second week, but diminished 11 per cent. during the third. In Case 3 it was increased 3 per cent. during the second week, but diminished 10 per cent. during the third. In Case 4 it was increased 4 per cent. in the second week and 3 per cent. in the third. The quantity of nitrogen assimilated increased in all four cases, independently of the amount of food ingested. During massage two of the subjects gained slightly in weight, the other two losing weight; but during the week following the one in which massage was practised all four gained. The axillary temperature decreased for about half-an-hour after the operation to an extent varying from 0.1° to 0.5° C., after which it began to rise, attaining its original figure, or from

0.1° to 0.8° below it, about an hour after the end of the *séance*. The respirations became more frequent, and were of a deeper character. The effect on the pulse varied with the character of the massage. When this was carried on lightly, the pulse became more frequent; but when the manipulation was more forcible, the pulse became slower. The effects in both cases persisted for an hour or more after the termination of the operation. In conclusion, the author suggests that massage should prove useful in chronic gastro-intestinal catarrh, in chronic constipation due to an atonic condition of the intestines, also in various cases where there is a lack of tone in the abdominal muscles. He also thinks that the practice of massage should be a subject of instruction not only in the Military Medical Academy of St. Petersburg, but in all the medical faculties of the empire and in the institutions for training "feldshers"—a semi-educated class of men who act as hospital sergeants, and after retiring from the army are put in charge of village communities where there is no medical man.—*Lancet*.

## OBITUARY.

THOMAS HAYLE, M.D., Edin.

SORROWFULLY do we announce the fact of the death of another veteran—Dr. Hayle, of Rochdale—who, for upwards of forty years, has done much excellent and self-sacrificing work in the promotion of homœopathy in England, one whose kind and gentle spirit won for him the affection of all who knew him, whose thoughtful and philosophical contributions to our literature showed that he ranked with the most intellectual and widely cultured of physicians.

THOMAS HAYLE was the son of Dr. William Pusey Hayle, of Fearon's Place, Clarendon, Jamaica, by his second wife, Francis Bryan Fearon—an aunt, we may here remark, of the late Dr. Fearon, of Birmingham. Here he was born in December, 1808. He came to England with his father—who crossed over in order to be operated on for cataract—in 1817, and, after a short time spent at a boarding school, was placed at the Tiverton Grammar School, where he remained until, in 1825, he went to Edinburgh to study medicine at the University. Here he was apprenticed to Dr. Campbell. In 1829 he was admitted a licentiate of the Edinburgh College of Surgeons, and in the following year completed his examination for the M.D. degree, but his presence being urgently required in Jamaica, he was obliged to leave Scotland before the ceremony of "capping," which he deferred passing through until his return in 1837. He at once commenced practice in Jamaica, where the hot climate, together with the heavy work entailed upon him by a

terrible epidemic of small-pox, which occurred in Spanish Town, resulted in a severe attack of what was then termed brain-fever, and compelled his return to this country in 1837. The following year he married a sister of the late Dr. Edward Turner, Professor of Chemistry in the University of London. He now bought a small practice at Deddington, Oxfordshire, where the but too common lot of a country surgeon—plenty of work and but very little remuneration—followed him.

In 1840 he received a visit from his cousin, the late Dr. Fearon, who persuaded him to read Hahnemann's *Organon* and to test the value of its precepts at the bedside. To one who was grieving over the uncertainty which characterised the details of therapeutics, who had been distressed by the confusion which existed in the therapeutic parts of works on practical medicine, who had already seen through the unphilosophical character of the prevailing mode of therapeutic investigation, no great degree of persuasion was probably needed to induce the study of so thoroughly philosophical a work as *The Organon of Medicine*, or to determine one who was so entirely conscientious, as he ever was, in everything he undertook, to examine the quality of its teaching by the light of practical experience. As has happened in most cases, so did it in Hayle's, the small dose was the great stumbling block, at the same time, as he said, he "saw clearly that it could easily be proved whether it acted or not." His first experiments were on patients he had given up as incurable, making no alteration in their diet. "The result," he says, "of my trials, on cases which I deemed incurable, was, that the coincidences were strange and so frequent as to warrant my proceeding with the trials in slight cases of an acute character." Here again, the constant recurrence of successful results soon convinced him that, he "had no greater evidence for the truth of any believed order of facts than he had for the truth of the homœopathic principle and the action of minute doses." Had every physician and surgeon who has, at one time or other, been appealed to enquire into homœopathy, adopted the careful method of Dr. Hayle, and carried it into practice as conscientiously and with as single-minded a determination to arrive at the truth as he did, those now practising homœopathy would have constituted the majority of the profession.

A fall from his horse in 1841 so seriously injured him that he was compelled to desist from practice altogether for a considerable time. He therefore left Deddington, and went to Newcastle-on-Tyne, where some of his wife's relatives resided, and as his health improved, gradually resumed practice. In 1842 he founded the Newcastle Homœopathic

Dispensary, and worked energetically in the discharge of his duties as its medical officer. In January, 1843, he delivered "An Address on the Homœopathic System of Medicine before the Medical and Surgical Society, at the Literary and Philosophical Institution, Newcastle-on-Tyne." This was shortly afterwards published in a 48-page pamphlet. It was a clear, calm, thoughtful, and thoroughly accurate description of homœopathy, coupled with an earnest appeal to his professional brethren to accord to it an unbiassed and patient investigation.

In 1851 Dr. Hayle delivered two lectures on homœopathy in Newcastle, in reply to a very virulent and ignorant attack upon Hahnemann and homœopathy, by Dr. Glover, at that time practising there, but who, for some years past, has been on the staff of the *Lancet*, and is just now a candidate for a seat at the Board of the Medical Council.

In the winter of 1853-4, cholera, in an exceptionally fatal form, appeared at Newcastle. If we recollect aright, the late Dr. Kennedy, who was then in practice at South Shields, had by this time joined him as one of the medical officers of the dispensary. Eighty-one cases were treated, and of these only sixteen proved fatal, or about 20 per cent. of the whole.

In 1862, Dr. Hayle purchased the practice of the late Mr. Cox, of Rochdale. Here for some years he had a large *clientèle*—one entailing a great deal of very heavy and anxious work upon him. In 1876 he filled, in admirable manner, the presidential chair of the British Homœopathic Congress held at Clifton, and opened the meeting with a brilliant address on *The Medical World; its Parties, its Opinions, and their Tendencies*, (*Monthly Homœopathic Review*, vol. xx., p. 664.) It was an address marked by great literary skill, a thorough appreciation of homœopathy, and one which appealed, in a heart stirring manner, to all who believed therein manfully and courageously to assert their faith, and earnestly to propagate the principles they felt were of so much importance to the welfare of mankind.

In 1877, his health broke down; the first indication that his work was nearing its completion being a slight paralysis of the left side, coming on after a long drive during the cold winds of early spring. In the summer of 1880 the lens of the left eye, which had become cataractous, was removed with perfect success by Dr. Little, of Manchester. How completely his intellectual vigour had survived the fifty years of active practice, much thoughtful literary work, accidents and illness, was conspicuously shown by a remarkably able paper he presented to the International Homœopathic Medical Convention of 1881, entitled *Thoughts on the Scientific Application of the Principles of Homœopathy in Practice*, as well as by the spirited rejoinder with which he met the criticism it gave rise to.

In 1879 his son, Thomas Hahnemann Hayle, graduated at the University of London, and forthwith began to assist his father, and to endeavour to recover the connection which, notwithstanding the kindly assistance of his Manchester colleagues, his long illness had necessarily to some extent scattered. Thenceforward, though now and again prescribing for patients, until within a few months of his death, he practically ceased professional work. On last Easter Sunday his son noticed an alteration in his father's appearance, and a little further enquiry and examination showed that a slight subacute congestion of the left lung had occurred. This passed away, but his strength never returned, and after ten weeks' confinement to bed, during which he was frequently seen by Dr. Blackley, of Manchester, he sank into a deep sleep, in the midst of which he quietly passed away, on the 17th September, in the 78th year of his age.

Though living, during all his professional life, in localities where the claims of patients are very exacting, and the pecuniary acknowledgments of services rendered are but small, Dr. Hayle was nevertheless no mere practitioner.

At the cost of much effort he took an active and useful part in the scientific development of homœopathy, and as earnest a share in the polemical discussions to which it has given rise. At the meetings of the Northern Homœopathic Medical Association—those pleasant *réunions* of the practitioners of homœopathy residing in Yorkshire and Lancashire, held regularly five-and-twenty years ago—he was a constant attendant, and a frequent contributor of papers leading to much useful discussion.

In addition to many papers illustrating points of practice, and others suggesting lines of philosophical thought on some of the moot points in theoretical medicine, published in our *Review* and in the *The British Journal of Homœopathy*, Dr. Hayle was the translator of Dr. Hirschel's *Rules and Examples for the Study of Pharmacodynamics*, extracted from his *Grundriss der Homöopathie*, and of late years he has been translating the same author's examination of the *Materia Medica* in relation to gastric disorders. These papers, which have appeared occasionally in our *Review*, though not very attractive reading, are invaluable as a work of reference for the practitioner.

There can, we think, be little doubt among those who knew Dr. Hayle at all intimately, that had his lot been cast in an University town, or had he been the occupant of a professor's chair, his services to medicine would have ranked very high. He was a man of thought rather than of action, one the full and complete development of whose intellectual power demanded the calm quietude

of the study rather than the active bustle, the daily contentions, the disappointments and struggles which crowd the lifetime of a busy general practitioner. As a teacher of medicine Hayle would have shone brilliantly, and, where so few are really qualified for such a position, one cannot but regret that no opportunity of placing his great talents at the disposal of the profession in this way ever presented itself. But, nevertheless, it may most truly be said of him, that he did what he could, and that he did what he did thoroughly well.

He is succeeded in practice by his second surviving son, Dr. T. H. Hayle, and leaves a widow and several daughters, one of whom is the wife of Dr. Kennedy, of Newcastle, the son of his former colleague.

### NOTICES TO CORRESPONDENTS.

\*.\* We cannot undertake to return rejected manuscripts.

Communications, &c., have been received from Dr. DUDGEON. Dr. YELDHAM, Dr. GALLEY BLACKLEY, Dr. CLARKE, Dr. E. BLAKE (London); Dr. J. D. HAYWARD (Liverpool); Dr. PROCTOR (Birkenhead); Dr. A. H. CROUCHER (Hastings); Mrs. HAYLE (Rochdale); Dr. DEARBORN (New York); Dr. TALBOT and Messrs. OTIS, CLAPP & SON (Boston, Mass.).

We are requested to state that Dr. A. Pullar has commenced practice at Leonard Bank, Beulah Hill, Norwood.

### BOOKS RECEIVED.

*The Medical Treatment of our Time: or Medicine Orthodox and Heterodox.* By J. D. Hayward, M.D., Lond. London: Unwin Bros., Ludgate Hill, E.C. 1886.—*Therapeutic Methods: an Outline of Principles Observed in the Art of Healing.* By Jabez P. Dake, A.M., M.D. Boston and Providence: Otis Clapp & Son. 1886.—*Homœopathic League Tracts: No. VII. Testimony of Opponents in Favour of Homœopathy and its Founder.* London: J. Bale & Sons, Great Titchfield Street, W. 1886.—*A Lecture on Homœopathy.* By C. Wesselhoeft, M.D. Third edition. Boston: O. Clapp & Sons. 1886.—*The Curability of Consumption.* By R. S. Gutteridge, M.D. London: Kerby & Edean, Oxford Street, W. 1886.—*The Homœopathic World.* Oct. London.—*The Thirty-Sixth Annual Report of the London Homœopathic Hospital and Medical School.*—*The Hospital Gazette and Students' Journal.* London.—*The Chemist and Druggist.* London.—*The Monthly Magazine of Pharmacy.* London.—*The North American Journal of Homœopathy.* New York.—*The New York Medical Times.*—*The American Homœopathist.* New York.—*The New England Medical Gazette.* Boston.—*The Hahnemannian Monthly.* Philadelphia.—*The Homœopathic Recorder.* Philadelphia.—*The United States Medical Investigator.* Chicago.—*The St. Louis Periscope.* St. Louis.—*The Medical Advance.* Ann Arbor, Mich.—*The Clinical Review.* Cleveland.—*The California Homœopath.* San Francisco.—*North American Journal of Obstetrics.* Sept. New York.—*Bibliothèque Homœopathique.* Paris.—*Revue Homœopathique Belge.* Brussels.—*L'Union Homœopathique.* Antwerp.—*Allgemeine Homœopathische Zeitung.* Leipzig.—*Rivista Omiopatica.* Rome.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. PORZ, 13, Church Road, Tunbridge Wells, or to Dr. D. DYCK BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY  
HOMŒOPATHIC REVIEW.

—:—

TYPICAL EXAMPLES FROM PRACTICE OF THE  
THREE PRINCIPAL FORMS OF DEAFNESS,  
WITH SPECIAL REFERENCE TO TREATMENT.\*

BY ROBERT T. COOPER, M.A., M.D.,

Physician, Diseases of Ear, London Homœopathic Hospital.

In a study made by me into the subject of ear disease, I entered somewhat fully into a consideration of the way in which defective hearing is brought about and the causes that contribute to it.

This investigation I published in the *Dublin Journal of Medical Sciences* from April to July, 1885, and in the *Lancet* of August, 1885, and I republished these under the title, *Basic Aural Dyscrasia and Vascular Deafness*, the publishers being Messrs. Baillière, Tindall & Cox, King William Street, Strand.

It will be unnecessary to recapitulate the arguments there adduced to show that there are at least *three* distinct and definite varieties of the affection, or rather the symptom—deafness, and all of them easily recognisable; to wit, the obstructed deafness, the nervous deafness, and the vascular deafness.

It is to illustrate by examples these prominent types of the affection that this paper is written.

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\* Read before the British Homœopathic Society, November 4th, 1886.  
Vol. 30, No. 12.

The leading aural authorities have been engaged almost exclusively upon the consideration of obstructed deafness, or rather obstructed hearing, and using the Politzer or air-bag inflation have endeavoured to find in it for all varieties of the affection a successful treatment. This, I may say at once, and common sense supports me, is impossible.

What, for example, can be more unscientific than to find skilled and learned authorities depending upon and employing air-bag inflation in every or almost every case that comes before them, when for a fact we know, and they themselves would confess, that but few and easily recognised examples of the affection are remediable thereby?

Variety of origin, and therefore variety of treatment is insisted upon for the ailments of every organ of the body. Why then should the ear be an exception and why should the treatment of all the diseases of it, and of it alone, be mechanical? It is absurd in the last degree to suppose that any one method of curative procedure can be regarded as scientific in all cases.

We can show that it is possible to differentiate and discriminate between the differing varieties of the affection and that the proper treatment for each case can be easily explained. More than this, we submit that much information is to be gained for general medicine by a study of ear disease, seeing that the diseases of the ear accompany and may become part of the chronic diseases of every part of the body.

We will now give examples illustrative of the different kinds of deafness, and will point out the appropriate treatment for each variety. First, as to obstructed hearing:

Most of these cases are easily recognised, and the success of treatment depends upon the ease with which we can remove the obstruction.

The most frequent aural obstructions are to be found in Eustachian and meatal impactions, and these are happily in most cases easily remediable; but there are others, and we need not dwell upon them, in which embolism of some of the aural blood-vessels is accountable for the loss of hearing. These latter would be of course irremediable, while the meatal and Eustachian obstructions are in general easily dealt with.



Eustachian obstructions, if of recent origin, can be easily and effectively dispersed by the Politzer bag; it is, as I have elsewhere remarked, almost as efficient for the removal of Eustachian impaction as is the syringe for the removal of ceruminous accumulations. The ordinary metal Eustachian catheter, on the contrary, whatever may be said in its favour as a remedial agent in old standing cases, is not a satisfactory instrument for the treatment of recent tubal impactions. It will always have its use, and chiefly as enabling us to inject fluids into the tubes, but for recent catarrhal obstructions, and in cases where the parts are sensitive and inflamed, it cannot be in my opinion commended.

But to give an example of obstructed hearing:—A young lady consulted me with this history. She had caught cold on her way to the sea-side and had become suddenly deaf. This went away, but returned in a week or so, and though she had sought good advice the deafness had continued for at least three weeks. Could only distinguish a watch-tick on contact.

Now suddenness of access is, as I have been the first to point out, absolutely characteristic of two forms of deafness, the obstructed and the nervous deafness. In the former the nature of the obstructing substance and its situation is to be diagnosed by careful inspection of the ear and its surroundings; while, if the case be one of nervous deafness, its nature is to be determined by a careful inquiry into the symptoms and history of the patient. We may say, therefore, that roughly speaking there need be little uncertainty in the matter of the diagnosis of these two varieties of deafness. The nature of the pathological change in the other great class of chronic deafnesses, the vascular variety, is one of lingering irritation in the aural circulation, and the deafness that results is due to gradual loss of nutrition and is consequently slowly progressive.

Were any sudden increase of the local irritation set up by this diffused *vasculitis* to take place we would have an *acute otitis*; and if during its continuance deafness came on, this deafness would be outside the scope of our inquiry; if, however, the deafness gradually developed subsequently to the otitis, it would probably be from diffused irritation, and would consequently be a veritable chronic vascular deafness.

In the case of the young lady the simple inflation of the tubes at once restored her hearing; but it is generally advisable in these cases to insist upon additional treatment in order to overcome the vascular enfeeblement which may have predisposed the patient to catarrhal obstruction.

*Deafness is a symptom.* This has long been admitted. In the case reported it was a symptom of obstructed tube; and had no obstruction taken place and had a gradually developing loss of hearing set in the resulting deafness would still be a symptom, but it would now be a symptom, not of obstruction but of diffused *vasculitis*, and would therefore be entitled to the term chronic vascular deafness. This surely is simple enough.

Then, as to *Nervous Deafness*.

A lady, living in one of the suburbs, when alone in a large house heard footsteps, and imagining the noise to proceed from robbers, her body became rigid, and all sense of hearing disappeared. After a few hours in this state the deafness went as fast as it came. This deafness then was due in all probability to a sudden shock, overpowering the functions of the ear.

When I mentioned this case at the Congress at Bâle, objection was taken that it was *hysterical*. Truly; but this does not render it any the less a *nervous* case. And however satisfied pathologists may be with the word *hysteria*, when applied to other organs of the body, the term has only helped to blindfold inquirers into aural diseases. Tinnitus, for example, used to be looked upon as *hysterical*, but I have shown that its origin is most easily explicable upon the supposition of definite pathological change; and, indeed, we nowadays very seldom hear of *hysterical* tinnitus, or even of *hysterical* deafness.

However, let us take another case. Miss T., aged 7½ years, came to me with this history:—Has been much troubled with pain in the left ear the last two or three weeks, supposed to be caused by a decayed tooth which was extracted two weeks ago; ear has discharged the last few days.

Two or three weeks ago, that is while the tooth was troubling, a bit of mud flew up from a passing cart and struck somewhat forcibly against her ear. It pained her that evening after getting home, and was poulticed. This

brought on discharge from the ear, but it failed to lessen the pain.

On examining this child's ear I found it discharging, and that the watch-tick was inaudible except on contact. It looked therefore as if great injury had been caused by the mud being driven into the ear or in some other way. On my using gentle stimulation by acupuncture to the side of the neck, and without any attempt to inflate the tubes, the hearing, after the lapse of about three minutes, shot up from *C.* to 30 inches, and in this simple way all our anxiety was removed.

The case was therefore evidently one of nervous shock affecting the ear, and was occasioned either by the extraction of the tooth or by the sudden impression made upon the auricle by the mud; the deafness caused by the shock proved to be readily removable upon stimulation of the sympathetic ganglia of the neck, a proceeding absolutely required in cases like this for purposes of diagnosis as well as for treatment. If this be the true pathology of these cases, it is evident we are describing an affection for the first time, namely, *aural shock*.

All cases of nervous deafness are not so simple as these, for in the chronic varieties of the affection we find vascular enfeeblement with its attendant symptoms interfering with and obscuring manifestations that otherwise would easily be recognisable as nervous, and it is only by a close inquiry into the symptoms after Hahnemann's method that a correct diagnosis can be arrived at.

Nervous deafness is met with in patients whose hearing has been, when in health, too sensitive. It often affects but one ear, and as often as not the right ear, and it shifts from one ear to the other; is a very pronounced deafness, and is very often accompanied by numbness either of the side of the head or of other parts of the body; and the loss of hearing comes by leaps and bounds and with great irregularity, and is generally traceable to mental shock or worry; the tympanal membranes are anæmic and often transparent, and the molleus-handles and small processes white and delicate-looking. In all these ways it contrasts with the vascular deafness.

Vascular deafness comes in patients who in health have not been remarkable for good hearing, and it often

arises from debility caused by low inflammatory states of the system, or is the sequela of acute febrile attacks, and in its chronic form is always gradually and steadily progressive; the membranes of the ear are thickened and variously discoloured.

For mild forms of nervous deafness, or where the symptoms have not lasted for any great length of time, and where the patient is otherwise in a fair state of health, *gelsemium semper*. in the third dilution is a most efficient remedy.

In advanced cases, where patients have suffered from prolonged mental distress, continuous or paroxysmal, and where the health is much broken down, *gelsemium* and all the usual neurotic remedies are, for curative purposes, absolutely powerless. I feel happy, therefore, in bringing forward one preparation, the action of which is pronounced and decided for one special and defined form of nervous deafness. This preparation is *magnesia carbonica* in the 200th dilution (Lehrmann's preparation), and the symptoms that indicate it are:—fits of absolute powerlessness on hearing unpleasant news, sudden seizures of deafness and of vertigo or tinnitus (musical), local numbnesses or paralytic feelings increased by bad news; the patient cries easily, complains of pain, often numbness, on the top of the head; the left ear is the worst, and a tendency to faint at the monthly illness is very marked; patients are in general dark-haired. This action of *magnesia* is distinct and definite, and I wonder it has not hitherto secured attention.

Many of you will be incredulous at this statement, but as the cases are ones upon which *no known preparation but this* will exercise a decidedly curative effect, I bring it forward with great confidence.

In other chronic affections arising from shock—and there is great reason to suppose that many of the cancers arise from shocks, mental or mechanical—*magnesia carbonica* in its dynamized form ought to have an extended trial.

The deafnesses that are to be met by it are examples of pure nervous deafness. Where there is any history of febrile disturbance and of vascular change the *magnesia* has no influence whatever. This is the experience of it in aural disease, and whether it will be borne out in other

departments of medicine remains to be seen. Here is a case that exemplifies this action of *magnesia*:—

Susannah Basle, aged 47, admitted 8th May, 1886. Deaf 12 years, from grief; husband laid up an invalid six years; treated at Bartholomew's for two or three years. Deaf both sides; very giddy; pain on right side of head when has trouble; tinnitus as from machinery above the left ear; dreadful row in the head and pains over the left eye; nasty filthy taste in mouth, spits up blood every morning. Membranes thickened, surface smooth looking. Hearing, both barely off. Prescribed *ignat. am.* 3x gr. j. ter die dry.

22nd May, 1886. Right better, pains down arms, very languid. Right 1 in. (that is 1/60th, my watch being heard normally at 60 in.) Continue *ignat. amar.*

19th June. Tinnitus still, pains through the temples pains in the arms taking her strength away; giddy and faint on hearing bad news (this symptom is better). Hearing 1½, left ½ in.

A medical practitioner (Dr. Barker) was with me while the patient attended this day (19th June), and I challenged the action of *magnesia*, stating definitely that if the 30th did not do her good the 200th most assuredly would. I gave the 30th, and on 3rd July the report was favourable; the tinnitus was better, but her head had ached very much and had felt faint. Hearing, 3 in. ½ in. Prescribed *magnesia carb.* 200.

31st July, 1886. Wonderfully better. Has been at times without the medicine, and each time symptoms returned. The *sudden giddiness* and *faintness* with *dimness of the eyes* keep away when she takes the medicine, and the *blood spitting goes*; the *tinnitus* and *headache* are much better, and her hearing is very much better. Hearing, 3, 1. Continue.

This action of *magnesia* is not to be cavilled at. If we are true to our fellow-man we must at least give it a trial, and this I call upon you to do, only remembering that the cases for which it is appropriate are not very numerous, and must be selected with care. About one case in every fifty among hospital patients I find suitable for *magnesia*.

The deafness which results from injury to the head, and which is best met by high dilutions of *arnica*, belongs to the nervous variety; and bear this in mind, for it

might often lead the unwary astray, the existence of an otorrhœa is by no means incompatible with nervous deafness. In fact, most of those cases arising from injury are attended with otorrhœa, and unless we leave out of sight the ear discharge, and select our remedy from the more purely nervous symptoms, we may fail in finding the indicated drug.

Now as to vascular deafness. There are certain forms of vascular deafnesses that are most easily curable if we select the right remedy, no matter how long the infirmity has existed; there are others in which the indicated remedy seems to have no effect whatever upon the hearing powers. Why the simillimum should fail in the one case, and succeed almost beyond belief in the other, is a point it is very desirable to determine.

Let us select a case and discuss it, and we shall then see what is our position, as a school of medicine, in regard to the treatment of ear cases attended with deafness:—

*Vascular deafness, with eczematous membranes:—*

Arthur Carter, aged 23, a shopman, living at Dalston, a thin, sparish man, with rather a bilious complexion, has been deaf all his life, but has felt it much more since he has gone out in life the last five years. Has been treated without benefit at St. Bartholomew's Hospital. He entered for treatment under me at the London Homœopathic Hospital, 26th June, 1886, the hearing being 20 in. on the right and *C* on the left. No complaint of tinnitus. In the left meatus some cerumen (left untouched) obscured the membrane; the right membrane was moist-looking, and some dirty moisture existed in the meatus. I put him upon *mezereum* 3rd dilution, 7 drops in 6 oz. of water; a teaspoonful three times a day.

On 10th July he was again seen and considered himself improved. He went steadily on with the *mezereum*, and when seen, 4th September, he declared himself quite well. W, hearing normal, *right*; 40 in. (cerumen remaining) on *left*. I removed the cerumen from the left without appreciably influencing the hearing, and found the membrana tympani sodden and eczematous.

The above patient had lost many situations through deafness, and he volunteered the statement that this would not have been had he heard as well as he now does. The question comes—why is this case easily acted upon; why is it so easily curable when others are so

intractable? Simply because there is a superficial ulceration—in reality a chronic eczema of the membrane going on; and *mezereum* is almost a specific remedy for this condition.

It suggests itself at once, why not produce an eczema artificially in cases where it is absent, and then treat the patient? For two reasons: *firstly*, the danger of extension of inflammation to the brain could not be obviated; and, *secondly*, the artificial eczema does not exert the same modifying influence.

At all events, cases like this show that we are making satisfactory progress in the treatment of ear affections; no indication can be clearer, no result more satisfactory than this, which is now brought forward for the first time.

Take now this next case, which would seem to contradict this teaching.

*Vascular Deafness, with anæmic and thickened membranes.*

W. H. Carr, æt. 19, living at 12, Lorina Place, Stratford, by occupation an engine-fitter, admission 6th June, 1885. Deaf as long as he remembers, supposed to be from measles soon after birth; subject to sore throats; hears best in a noise. Mother, sister, and brother deaf; much granulation in post nasal region, and discharge—ozæna; foul breath; no history of aural discharge; roaring noises, as if blood were rushing past the ears; both membranes anæmic and thickened; hearing, right 1 in., left 5 in. Ordered *ferrum picricum* 6x. from 6th June to 19th Sept. (gtt. viij., ʒvj. ʒj. t.d.) and with benefit. The tinnitus lessened, and hearing was better; watch-hearing, 6 in. and 12 in.

A fortnight of *ferr. pic.* (1-50 solution) was then given with advantage to deafness and tinnitus.

On 10th Oct., *manganum acet.*

8rd Dec.—Gtt. xv., ʒvj. ʒj. t.d. was given (hearing 4½ and 13; worse on Politzerizing).

14th Nov., 1885. Hears better; roaring in right ear after running; tongue furred; heartburn.

To have *mangan. acet.* 3x in pilules, one pilule three times a day.

Upon these he steadily improved up till 22nd May, 1886. His report then was that he heard quite well in shops and at meetings, which he had never done before,

and the noises (tinnitus) never troubled him except when he runs hard. (Hg. dist. *rt.* 15, *l.* 20).

There were no manifestations of meatal or tympanal ulceration in this case, and yet the deafness steadily lessened under treatment. This seems to contradict our teaching as to the intractable nature of non-eczematous deafness. My explanation—and I admit it is a weak one—is that the Eustachian tube and post-nasal regions were the seat of changes which had an influence like to that which meatal and membranal eczema exerts upon the ear, and which enabled the remedial agent (*manganum acet.*) to act with greater vigour. The indications I usually rely upon for *manganum*, and I have used it for some six or seven years, are a knobbed and thickened appearance of the malleus-handle, with an irregular and pitted surface of the membrane, especially if the meatus looks moist and dirty, and if it is obstructed by lumps of dark black-looking wax; these appearances would correspond to that of chronic eczema, giving rise to a chronic periostitis of the adjoining parts. The coloration of the cerumen of course is sometimes due to mere mechanical causes; we find it often dark in engine-fitters, &c., owing to the dust of workshops; still the morbid tendency in many of these cases is to the secretion of a dark-looking cerumen.

The affection we have referred to is quite distinct and different from ordinary otorrhœa; the discharge is very slight, and often not recognisable by the patient, and the middle ear is affected by sympathy, and is not, as in otorrhœa, the chief seat of the disease.

Both in chronic meatal eczema and in chronic otorrhœa post-nasal vegetations are often prevalent, and these may have to be scraped away, but in the cases reported, reliance was placed upon remedial agents alone. The question of post-nasal growths is one, however, that would require much more consideration than we could give to it in a short paper like the present.

Other characteristic features of *manganum* are that *pains concentrate in the ears from other parts*, and that severe indigestion, with *heartburn, anorexia, and umbilical colic* prevails.

In Carroll Dunham's *Homœopathy the Science of Therapeutics*, pp. 462—466, a case is given of chronic deafness cured with *mezereum* 30, the history of which was that the



deafness followed upon a crusted eruption of the scalp during childhood. These eruptions of the scalp are very often attended with or followed by eczematous conditions of the meatus, and his report describes the membranes as having been thickened, and Dr. Dunham rightly surmises that "the work of thickening had been probably accomplished years ago." If, then, my surmise be correct—and I have no hesitation in saying that it is the only possible explanation of his case—Carroll Dunham's patient must have had *vascular deafness, owing origin to previous membranous eczema*, an affection that my experience proves to be often extremely curable.

Without the modifying influence of past or present eczema, I can aver, from ample experience, that *mezereum*, whether in high or low dilutions, could not have cured such a case. Whatever we do, let us keep from exaggeration.

Now here are three cases of deafness; one *nervous*, and two *vascular*, all responding well to the indicated remedy. Why then is it that other cases in almost every way similar should prove rebellious to treatment? Remember that these cases are types of two great classes of deafness; they are not mere curiosity-cases, but are counterparts of deafnesses sure to be met with frequently, and the certainty of success is assured by a treatment of *pronounced, fixed, easily demonstrable and definite* features.

In the nervous case we may assume that disease entered the system through the nervous structures, and we have it on record that mental distress was operating upon the patient's system for at least six years. Let us contrast this with a case in which disease enters the system in the first instance through the vascular channels. Supposing, for example, a person exposed for a long period to unhealthy atmospheric influences, and that deafness has set in from this cause, and is firmly established, there is, I can state very positively, no known drug that in such a short space of time would have restored the hearing. Why is this? I have explained it\* by supposing that degenerative decay is set up by the infective agencies settling upon, or indirectly influencing, the coats of the blood-vessels. But then we have to consider the success of treatment in such instances as

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\* Vide *Vascular Deafness*, pp. 25—6.

our two vascular cases; and this we do by inferring that the superficial eczematous tendency, by counteraction, prevented the destruction of the aural circulation.

Reasonable as all this may appear, it is not wholly satisfactory. In no other organ of the body do we find an absence of visible organic lesion—in plain language, a healthy or little altered condition of the structures—to be not merely an unfavourable, but absolutely a malignant indication.

Yet still it would seem to be, and we have to look the matter straight in the face; for if we could surmount this difficulty—if, for example, we could change a deafness with a healthy, or at most an anæmic or slightly thickened membrane, into a deafness with an eczematous membrane—*clinical teaching* tells us that with homœopathic medicines we would have an absolutely successful treatment for this affection.

This I must briefly conclude by saying is earnestly engaging my hourly attention, and that a successful solution for the difficulty will be found before long it would be unreasonable to doubt.

The really obstinate deafnesses are therefore those in which dry catarrh of the middle ear co-exists with the condition known as pharyngitis sicca, and in which there is a proclivity to inflammatory rather than to purely nervous disorders in other parts of the body, and in which the structures assume from an early period a character resolutely atrophic and degenerative; but even where anæmic and atrophic changes are present, when nervous characteristics predominate, the curability of the affection is very evident.

There is not a particle of evidence to lead us to suppose that more stiffening and thickening of the middle ear-structures exist in the majority of the intractable cases than in such cases as the last two we have reported. On the contrary, it is precisely in those cases where we have indubitable evidence of thickening of structure—of, that is, the tympanal membrane and the meatus, and sometimes when perforation exists of the middle ear—that our remedial agents have told with such striking effect.

One may be asked from whence has come this acquaintance with the action of such remedies as *magnesia carbonica* and *manganum aceticum* and of *mezereum*? and my reply must be, most decidedly by a careful study of

our provings in the light of legitimate pathological deductions.

Before the reading of the paper Dr. Noble explained that in the printed report of the previous meeting of the Society he had been erroneously represented to have said that he had been surprised, when giving *antimonium tartaricum* in small pox, at the absence of "pitting." What he did state was, that he had been surprised at the absence of "irritation."

#### DISCUSSION.

Dr. HUGHES (presiding) said that he was sure that all present at the meeting felt that Dr. Cooper's paper combined both the theoretical and the practical aspects of his subject in a manner which made it eminently deserving of their attention. The paper was not only in the best sense theoretical but thoroughly practical—a combination which characterised Dr. Cooper's papers and made them always interesting and valuable. He hoped that there would be a full discussion on the one before them.

Dr. EDWARD BLAKE said he had very little to say beyond that he quite agreed with the president that Dr. Cooper's paper was a valuable production. He supposed that all would agree that homoeopathy would be most scientifically developed by such dovetailing of pathogenesis and pathology as was characteristic of Dr. Cooper's method of dealing with his special department of medicine—a department comprising many cases of almost hopeless obstinacy and exhibiting the greatest number of physical difficulties. He spoke with gratitude on this point, because Dr. Cooper had cured him of deafness at a time when deafness was singularly inconvenient, when he had special need to use the stethoscope. First, he would ask Dr. Cooper whether, in the case he had referred to where there was tinnitus, he had noticed that *actea* had a tendency to produce tinnitus. Another question was, whether he had not found *nicotiana tabacum*, in the form of cigars, produce tinnitus. Another was, whether tinnitus was not sometimes caused by *thea* in strong infusion. He did not remember hearing Dr. Cooper speak of the utility of *borista* for eczema of the meatus, and he thought even Dr. Hughes had omitted it from his exhaustive work. He would ask Dr. Cooper whether he did not often find indications and symptoms in the wealthy and the indolent when there was really nothing whatever the matter. In his (Dr. Blake's) own speciality he had found the greatest difficulty in curing people who had nothing the matter with them except possessing too much money. To a limited extent he was able to relieve them of that complaint (laughter), but it was very difficult to relieve them of complaints not quite so

real. Dr. Cooper had introduced a new term into the nomenclature of diseases of the ear, which he had called *vasculitis*. Without going into the actual propriety of that term he would ask whether, when he had found what he called vascular deafness, as distinct from merely nervous deafness, he had not in such cases found traces of grave cardiac disease? It certainly seemed quite characteristic of the condition Dr. Cooper had described. Could he tell them the nature of the changes of the heart's function in such cases? Dr. Blake concluded by referring to a case he had sent Dr. Cooper, which, after a long trial, he had quite cured.

Dr. CARFRAE confessed that he was somewhat like Dr. Blake in regarding cases of deafness as frequently very hopeless, so much so that it had suggested, as a riddle, why is the aurist's the most depressing branch of the profession, and he answered it by saying, because it was such an "eerie" business. In certain cases to which Dr. Blake had referred he would like to know whether the policy of starving them had been tried?

Dr. BLAKE said he had always cut off their meat and liquor.

Dr. CARFRAE said he would like to hear Dr. Cooper's experience in cases of hereditary deafness, and perhaps at a future time he might be disposed to tell them something about them. Referring to the cases in which success had been obtained by modifying the nature of the case till it had been brought into a form in which it was tractable and amenable to treatment, Dr. Carfrae, amidst laughter, said such instances always reminded him of the doctor who, when sent for to see a child suffering from small pox said: "Well, I guess I'm not posted in pustules, but I will send him some medicine that will give him fits; and I'm a 'stunner' at fits."

Dr. SHACKLETON said it would be well if they all did what he did whenever he had a difficult case of deafness, just send it to Dr. Cooper. The fact was, the general practitioner had really no time to properly attend to such cases. As regarded his own experience, he had found *liq. carbo detergens* most effective in cases of eczema of the meatus and auricle. Dr. Cooper had, when speaking of the difference between vascular and nervous deafness, stated that the latter was more liable to attack people who were constantly travelling in trains or omnibuses, and he would ask whether nervous was not often really a symptom of hysteria—a word which, like gout, was a word of refuge in obscure cases. Dr. Cooper had also alluded to his great success with *arnica* in high dilutions; he would be glad to know what the dilutions were, and what were the indications. He had not had experience of deafness caused by drinking tea, but he

thought that after all the distinction drawn between vascular and nervous deafness was a rather fine one, and that vascular was really nervous deafness caused by the action of the vaso-motor nerves on the blood-vessels.

Dr. Cook asked whether any gentleman remembered seeing a case of eczema of the third and fourth fingers, due to some defect of the ulna nerve terminations. If defective nerve action could produce eczema such as this, eczema of the ear might also be due to defective nerve action? Dr. Woakes had, in his book on *Deafness, Giddiness and Noises in the Head*, traced ear disease in many cases to defective heart or stomach action, these organs being supplied by branches of nerves from the cervical ganglia, which send branches to the ear also, hence coming to the conclusion that most cases of deafness were primarily nervous. Dr. Cooper had spoken of using the 200th dilution of *magnes. carb.* He would much like to ask how, when dealing with potencies so high, he could rely upon the elimination of impurities which might destroy the virtue of the drug. That was a difficulty which he (Dr. Cook) always felt in homœopathy. With all desire to be reasonable, he would ask how did Dr. Cooper know that in making this 200th dilution there were no impurities in the diluent employed. *Saccharum lactis, e.g.*, was seldom, if ever, free from *magnesia* as an impurity, which it seemed to him might easily vitiate the infinitesimal proportion of *magnesia carbonica* in the 200th dilution.

Dr. DUDGEON said that, in his early youth, before he commenced the practice of medicine, he went to Berlin and studied ear diseases under the renowned Kramer. He learned all that that celebrated professor could teach about the treatment of ear diseases. He returned to England with his book and a complete assortment of instruments. He faithfully carried out Kramer's modes of treatment, but he never met with the success promised by him in cases of nervous deafness. In those caused by catarrh he found that blowing out the mucus by means of the Eustachian catheter restored the hearing, but only temporarily. Only when the catarrh was cured did the deafness go away permanently. He was considerably surprised to find that when, some years later, Kramer published another book, all the modes which he had taught and recommended as the best for nervous deafness he then denounced as useless and injurious. He did not know why Dr. Cooper mentioned only three kinds of deafness, for there were several other kinds of equal importance. He had several years ago treated a pianist, who complained of hearing every note, though correctly played, as discord. After a short course of *salicylic acid* and *quinine* she quite recovered her hearing, and was able to

go on with her professional duties. A short time ago, however, she came to him worse than ever, and in a bad general state of health. As before she complained that music was to her a most horrible infliction. She was much better, though her hearing was not yet sufficiently restored to enable her to follow the duties of her profession. There were many diseases of the ear accompanied with sounds which could not be referred to the vascular system of the ear. There were diseases accompanied by loud noises in the vessels of the neck when no noise was heard by the patient; on the other hand, he had examined several cases of tinnitus where he could not detect any sound in the vessels of the neck. He also thought that the term deafness should be confined to absolute inability to hear, and hardness of hearing ought to be used to express any short of absolute deafness.

Dr. HUGHES (in the chair) said that while he did not agree with Dr. Blake in objecting to the term vasculitis, which was at least as admissible as ovaritis, he doubted the pathological theory it embodied. Dr. Cooper had well made out the relation of certain forms of deafness to the circulation of the ear, but he (Dr. H.) would regard the inflammation present as seated in the tissues outside the vessels rather than in the vessels themselves. Again, in cases of deafness arising from syphilis or ordinary senile decay, he thought it very unlikely that the mischief was primarily vascular. In addition to the medicines Dr. Cooper had mentioned, he would draw attention to *carbomeum sulphuratum* (the old "alcohol sulphuris"), the pathogenesis of which in the forthcoming number of the *Cyclopadia* would show a power of causing deafness and tinnitus quite equal to that of *quinine* and *salicylic acid*. As to *gelsemium*, which had been referred to, he was doubtful as he was with *conium*, whether it acted on the sensory nerves at all; and whether its dim vision was not due to interference with the vascular apparatus of the eye; whether, therefore, in deafness it would not be better, when *hearkening* was at fault rather than hearing. He was surprised Dr. Cooper had not used *phosphoric acid* in chronic nervous deafness from depressing causes. In the case treated by Dr. Carroll Dunham, which Dr. Cooper had referred to in his paper, the dilution which Dr. Carroll Dunham had used was the 30th, not the 200th. Did not the incurability of deafness without obvious structural change depend on the real seat being the internal ear?

Dr. NOBLE commented on the difference between vascular and nervous deafness, and thought that the fact of hearing more plainly in a noise, which some patients experienced, was indicative. He had classed such cases as nervous, calculating

that the noise acted as a stimulant on the ear. He thought the distinction between nervous deafness and vascular deafness was a very fine one, and referred to a case of deafness arising from gout, which he thought was an instance of vascular deafness. He had treated cases with *iodide of potassium* and *salicylic acid*, but thought such cases very intractable, especially when there was an eczematous thickening of the meatus.

Dr. COOPER, in reply, expressed the great satisfaction he felt at the interesting discussion elicited by his paper, especially as the subject was not one in which medical men usually interested themselves. Dr. Blake had mentioned some remedies—*actæa rac.*, *tabacum*, *tea*—which he had seen produce tinnitus aurium; this he could confirm, but a very large number of our remedies exerted a like effect. Dr. Blake had mentioned *borista* as having been much used by his father in eczema aurium. Dr. Cooper had not had any experience with it, but wished to insist that the condition set up by eczematous states of the meatus rendered the accompanying ear-symptoms readily removable by the indicated drug. In reply to Dr. Carfrae, he admitted that *ignatia* might have exerted an influence in his nervous case, even after discontinuance; but the efficacy of *magnesia carbonica* 200 did not rest upon this case, but upon his (Dr. Cooper's) experience with it for many years. Heredity in no way interfered with—speaking generally—the curability of deafnesses. In reply to Dr. Shackleton, Dr. Cooper considered that accidental deafness ought to be classed, as stated in his paper, with nervous deafness, except where manifest tissue destruction existed. Nervous deafness certainly very often did not *appear* to come on suddenly; this, however, was its tendency, as could be elicited by the way in which the deafness came and went; but this was only observable upon close inquiry. Vascular deafness was proved not to be a nervous deafness by its history and its intractability to medicines. Dr. Cook referred to the usual objections to a 200th dilution, with which Dr. Cooper heartily sympathised. He was present, however, to state a fact, and this he did independently of theory. Dr. Hughes was quite right in saying that cellular and other tissue besides the vascular structures were affected, especially in syphilitic deafness. Dr. Cooper remarked, particularly of syphilitic deafness, its proneness at a very early stage to abolish interosseous hearing, more so than any form of deafness. He was pleased to hear of the action of *bisulphide of carbon*, and would thoroughly test it; *phosphoric acid* in nervous deafness he had used but seldom. Dr. Noble had spoken of the symptom "hearing better in a noise," which he would find discussed in his (Dr. Cooper's) work on *Vascular Deafness*.

Dr. Dudgeon had referred to the inutility of all the old school methods of treating deafness, and of the absurdity of calling every case of hardness of hearing a deafness. This last he (Dr. Cooper) had touched upon in his work, but the question of the curability of ear cases it might well be left for the present out of discussion.

### REMARKS ON SEPIA.

By E. A. FARRINGTON, M.D.

(Continued from page 698).

THE most similar remedy to *sepia* is *lilium tigrinum*, for the provings of which we are indebted to Dr. Wm. Payne, of Bath, Maine. He was led to make the provings after learning that the flowers of this plant had caused convulsions in a child. He thought that it might prove to be a valuable remedy in the convulsions of children. In his provings he was assisted by Dr. Dunham and a number of ladies. He observed convulsions in the course of the provings, but in almost every instance there was some alteration in the functions of the uterus and ovaries noticed. *Lilium tigrinum* uterine symptoms are those which often follow pregnancy and labour. It is indicated in cases of sub-involution. The uterus does not regain its normal size after confinement. When the patient rises to walk, the uterus falls by its own weight. The patient complains of heavy, dragging sensation, principally in the hypogastric region. She feels the need of some support to hold the abdominal organs up. This is very similar to *sepia*. In *sepia*, the woman sits with her legs crossed, thus giving an artificial support to the uterus. The leucorrhœa, too, is quite similar. Under *sepia*, it is yellowish green, somewhat foetid, and often excoriating. Under *lilium*, I think the most characteristic leucorrhœa is watery, yellowish or yellowish brown, and excoriating. This excoriating property of *lilium* is quite characteristic. The provers of *lilium* had in two cases prolapsus, and in one retroversion of the uterus. There is urging to urinate under *lilium*; the urine when it passes causes burning and smarting, the same kind of feeling at the meatus urinarius as the leucorrhœa causes at the vulva. Then, too, you will find urging to stool; morning diarrhœa, hurrying the patient out of bed, the



stool being yellow, papescent, and causing an excoriating feeling at the anus. Here *lilium* rubs against *sulphur*, which has characteristically early morning diarrhœa. The *lilium* symptoms are usually worse in the afternoon, while those of *sepia* have remission at that time of the day.

*Lilium* has some chest symptoms which are worthy of note. Patients experience a full, crowded feeling in the chest, as though there were too much blood there; they want the windows open, as fresh air gives them relief. This oppression of the chest is caused by venous stasis. With this feeling of oppression there is a taste as of blood in the mouth, reminding one of *pulsatilla* and *hamamelis*, both of which have that symptom. There is a feeling as of a rivet or a bullet in the mammary region; also a feeling of coldness about the heart. *Natrum mur.* cures this last symptom when it appears during mental exertion; *lilium*, when it occurs as a result of uterine disease. Dr. Richard Hughes reports a case with that symptom which he cured with *petroleum*.

"*Helonias*," according to Dunham, "produces profound melancholy, deep, undefined depression, with sensation of soreness and weight in the womb, 'a consciousness of a womb.' *Lilium* dulls the intellect, produces a sensation of *hurry*, with *inability*, and distress based on an apprehension of having some fatal or serious malady." And, further, *helonias* is an excellent remedy when there is a tired, aching feeling, and some burning in the back and legs. This is common enough with women, and no remedy, unless it is *picric acid*, relieves more promptly. The debility of *helonias* is the result of impaired nutrition. Experiments have clearly demonstrated the fact that there results from its use a diminution of red corpuscles, and a general impoverishment of the blood.

*Sulphur* is often needed to aid *sepia* in a chronic case. The complementary relation lies in the common power of the two drugs to correct abdominal congestion and other vascular irregularities. Sometimes, when the latter is in use, a forenoon "goneness" becomes marked as an eleven o'clock faint, hungry feeling. Or, flushes of heat persist. Again, a one-sided headache persistently returns and weakens the patient. Piles grow worse. The bearing down becomes continuous, with a weak feel-

ing in the genitals. Then *sulphur* is substituted, and improvement is at once noticed. After a while, however, the symptoms shift pointedly *sepia*-ward; and so the two alternate. Several such cases have been observed. One patient from the West was entirely cured with these two drugs, and remains well. She had been an invalid for years.

*Murex*, a mollusc, bears a family resemblance to *sepia*. Provinga are, as yet, meagre. But clinical experience has confirmed some of the symptoms. Dr. Dunham, and after him, Dr. B. F. Betts, have made comparisons between *murex* and *sepia*, which are sufficient guides in their differentiation.

*Murex*, like its relative, causes uterine congestion, epigastric "goneness," cystic irritation, muscular debility, and mental depression.

It differs, however, in that it causes sexual excitement; "desire so violent as to fatigue the reason;" "venereal desire renewed by the slightest touch."

Secretions are more copious than is usual with *sepia*. Thus menses are profuse instead of scanty. Copious urination at night; urine pale; wakes with a start, and a violent desire to urinate. This is not so marked in *sepia*. Both, however, have intermittent menses.

Both remedies are useful in the affections of the cervix: *Murex* when there is a sensation of soreness, or "a feeling as though something was pressing on a sore spot in the pelvis."—(Betts.) Lancinating pains upwards to abdomen or thorax; thick, green, or bloody leucorrhœa. *Murex* agrees rather with *lilium* and *platina* in sexual erethism, and with *kreosote* in urinary symptoms.

Clinically it has been used for polyuria, with frequent urging at night. *Kreosote* has: sudden urging, cannot get out of bed quickly enough; urinates with great haste, and passes a large amount; urine offensive.

*Kreosote*, moreover, bears some relation to *sepia*. Both have intermittent menstrual flow, dragging downwards in the back, and pressure outward in the genitals; painful coitus. Vomiting of pregnancy. Urine deposits a red sediment, and is turbid and offensive.

But the menses are usually copious. They are accompanied with somewhat different reflex symptoms from those belonging to *sepia*; notably, difficult hearing, with

humming and roaring in the head. The dragging in the back is relieved by motion, not aggravated, as in *sepia*. And the leucorrhœa is more irritating, acrid; it excoriates the parts over which it flows. Sometimes it is yellow, when it has the odour of fresh green corn.

This acidity of leucorrhœa marks clearly the divergence of *kreosote* from *sepia*, as well as from *murex*. This led to the employment of the drug in cancerous and other ulcerations of the cervix uteri. And we now choose it when there are burning, sensitiveness, and tumefaction of the cervix, with bloody ichorous discharges; sensitiveness to touch or to coitus; and a putridity, which is foreign to the other remedies mentioned.

*Stannum* resembles *sepia* in simple *prolapsus uteri et vaginæ*, with "goneness," bearing down, melancholy. But its characteristic is falling of the uterus and vagina during hard stool. Dr. Hughes writes approvingly of its use in relieving the sensation of bearing down so common with womankind, and adds: "I have been quite astonished at its power over prolapsus. It seems to strengthen the uterine ligaments." (*Pharmacodynamics*, 4th edition.)

*Nux vomica* agrees with *sepia* in causing portal stasis, uterine congestion, hæmorrhoids; urging to stool; back-ache, worse from motion; awakes at 3 a.m. But *nux* produces a peculiar irritability of tissues, rendering the patient over-susceptible, while the functions are performed fitfully, spasmodically, and inharmoniously. Gastric symptoms predominate, and they are just those which result in a nervous person, from abuse of stimulants, high-seasoned food, etc. Thus, after a meal the clothing feels uncomfortable; retching predominates over actual vomiting. There are nausea, weakness, and a faint feeling after eating, as if produced by a strong purgative; but never the "goneness" of *sepia* or *murex*. There is frequent but ineffectual urging to stool, not inertia of the rectum. Menses are too early, though not very profuse, and are accompanied with more spasmodic pains and spasmodic movements in the abdomen than is *sepia*, but with less steady bearing down and dragging. *Nux* has one symptom, common after lacerated perineum, viz.: internal swelling and burning of the vagina like a prolapsus.

*Aloes* acts on the liver, increases the bile, causes griping in the bowels and diarrhœa. Its action on the bowels and

uterus reminds us of *sepia*, for it induces a determination of blood to these parts, with repletion of the veins and consequent irritation. But the relaxation, which is expressed in *sepia* by dragging and "goneness," with weakness of the sphincters, is under *aloes* declared as a more complete atony, a paresis.

It is expressed as heaviness, weight, with dragging down. This heaviness belongs to the pelvis, uterus, perineum, rectum, sacral region and lower bowels. In fact, it is quite universal, even characterising the headache; dull headache across above the forehead, with heaviness in the eyes and nausea—must make the eyes small with the pain—weight on the vertex. That the headaches belong to bowel and uterine affections, is proved by the fact that they alternate with symptoms of the latter (like *podophyllum*).

Coupled with heaviness and congestion, is a weakness of the sphincters. The patient feels a lack of confidence in them; fears lest stool will escape with flatus—fæces and urine will pass together—every time she passes urine, a feeling as if some thin stool would escape—sudden urging in the morning.

*Aloes*, then, is needed when with uterine congestion and prolapsus, there are heaviness in the abdomen and back, uncertain control of the rectum. The woman frequently suffers from loose bowels: Without any warning, she feels faint, with a sensation as if she was about to have diarrhœa. If the bowels move, there is more wind than substance, and she becomes prostrated and covered with a clammy sweat. If she has hæmorrhoids, they protrude, and are relieved by cold applications.

*Podophyllum* suggests itself just here. It, too, acts on the liver, causes diarrhœa and prolapsus of the uterus and rectum; hollow feeling in the epigastrium; pains in the ovaries (right) and down the anterior crural nerve. Burning in hypogastrium and sacral region, with retarded menses.

Its prolapsus uteri is, however, near akin to that of *stannum*, bearing down as if the genitals would come out during stool. In *stannum*, however, it is recorded as occurring during hard stool; so *podophyllum* causes the most relaxation in the pelvic region.

*Podophyllum*, it would seem affects first the stomach and liver, and then uterine and rectal symptoms develop. We find it therefore, most effective when its gastric symptoms concur with its uterine. While it resembles *sepia* in causing bearing down in the hypogastric and sacral regions, relieved by lying down, aching in the ovaries, it differs in gastro-hepatic symptoms; fulness, weight, and dragging about the liver, soreness, better from rubbing. Diarrhœa only early in the morning or during the day; sometimes the passages are wholly fœcal, but are too frequent. Watery, gushing diarrhœa, from 3 a.m. into the forenoon. Prolapsus ani *before* stool. After stool, weak, faint feeling in the abdomen, weak rectum and prolapsus of the same. This weakness resembles *aloës*. It is the paresis of a violent purgative, not the general relaxation of *sepia*.

*Pulsatilla nigricans* is very nearly related to *sepia*. It cures:—scanty, late, menses, bearing down, uterine cramps; backache; fainting; hemicrania, clavus. Suitable for women who are irresolute, yielding, lachrymose; or, silent, peevish, nothing pleases. Anxiety, which seems to come from the epigastrium or from the heart, with qualmishness. Anxiety as if in a hot atmosphere, also at night, as from heat. Faint, must have air. Chilly, yet generally better in the open air; chilly with the pains; anæmia; chlorosis.

The uterine pains of *pulsatilla* are cutting, pressing with weighty feeling, converging towards the pudenda. The weighty sensation is compared to that of a stone, and is observed in the hypogastric and sacral regions. Constrictive, colicky, cramping pains predominate, actual bearing down is not so marked. Hence, we employ it so frequently in delayed menses and in labour. It acts fitfully; hence the uterine pains come by fits and starts, as does the menstrual flow; labour-pains are spasmodic, irregular, and finally stop with complete inertia. Thus there is want of power from the very beginning, shown in the fitful character of the contractions, and finally in their utter failure. *Sepia* causes more bearing down with the cramp. If indicated in labour, it is when an indurated and unyielding cervix retards the progress. And then there may be spasmodic contractions of the os and upward-shooting pains. Here it favors *gelsemium*, *calcareæ*; while *pulsatilla* favours *caulophyl.*, *secale*.

In temperament, *pulsatilla* is tearful, mild ; or peevish, whimsical, cross ; *sepia* is tearful, depressed, but easily irritated and excited ; or indifferent.

As already intimated, *sepia* is of use in a congested or indurated state of the cervix uteri, with soreness and burning. *Aurum*, *aur. mur.*, and *aur. mur. natronat.* are similar. But though gold causes hyperæmia, it acts quite differently from *sepia*. On studying its effects, one is impressed with the prominence of two sets of associated symptoms ; namely, nervous excitation and vascular irritation. And yet the first no more represents innervation, than the second does true plethora. They indicate irritable weakness. Hepatic, renal and uterine congestion appear to arise secondarily to a cardiac irritation with hyperæmia.

The prolonged action of gold develops a fever not unlike that of mercury, with profuse sweat, salivation, and copious urine. There is, too, a tendency to an overgrowth of fibrous tissue, whence result cirrheses. And the glands, at first stimulated, eventually become enlarged and indurated. The periosteum is diseased, and finally the bones become carious.

In keeping with these changes are its characteristic symptoms. Under its influence the emotions become greatly affected ; easily enraged by trifling contradiction ; cheerfulness ; but the most persistent state is one of melancholy and disgust for life, with tendency to suicide. She imagines she has lost the affections of her friends ; the fates are against her ; she is no longer fit for this world, and she longs to die. She is seized with præcordial anxiety and tremulous fearfulness. Rush of blood to the chest when walking fast or for a long time, with bursting fulness. Bruised pain in the uterine region. Over-sensitive to pain, nervous, tremulous, agitated. Uterus congested and prolapsed by its very weight. Sexual desire increased.

While then there are congestions, prolapsus, and melancholy, as in *sepia* and *murex*, the course of the symptoms is different, and especially are the mental symptoms different. In *aurum* there is melancholy with depression, because of supposed loss of friendship ; in *sepia* there is indifference to friends. Anxiety in the former is præcordial, must move from place to place (as in *arsenic*), a mere noise makes her anxious. Anxiety

in the latter comes, it is true, with disturbed circulation, but it is not especially cardiac, and is accompanied with flushes of heat. Both produce weariness of life, with desire to die, even with suicidal tendency; *aurum*, because she has lost the affections of her friends (Talcott); *sepia*, from sheer loathing of life.

*Platina* favours on the one side gold, and on the other *sepia*. All three have weariness of life. *Platina*, however, has with this a great dread of death, which the patient believes near at hand. As with *aurum* the *platina* patient feels as if she was alone, but she has a peculiar state of the mind, which finds a physical parallel in her power of vision. She is out of sorts with the world, for everything seems *too narrow*. Things in her own home look strange on her return after a short absence. Persons are looked down upon as pitiful, insignificant, and very inferior to her. And similarly, *objects about her look to be smaller than natural*.

Neither gold nor *sepia* compares with *platina* in the pronounced nymphomania and voluptuous irritation of the genitals. The menstrual flow in the latter is profuse and clotted instead of scanty.

*Platina* and *sepia* have uterine cramp, but in the latter it is clutching, as if suddenly seized and then relaxed; in the former it is a decided cramping followed by numbness—a symptom which is universal in this remedy.

*Carbo animalis* has proved itself equal, if not superior, to *sepia* in indurations of the cervix, with burning tearing pain across the pubes. There are labour-like pains in the pelvis and sacrum; leucorrhœa stains yellow; menses are followed by great weakness, she can hardly speak; “goneness,” not better from eating. Desire to be alone, she avoids all conversation; anxiety and orgasm. The carbons act on the veins, favour offensive flatus, offensive discharges and excoriations, which latter are superficial and irregular in outline. Inflammations are sluggish, but tend to suppuration or death of the parts, with burning pains, great weakness, collapse.

*Carbo veg.* has caused bearing down in the rectum and labia; the os is unusually open; weight in the uterus and right ovary; *menses have a strong odour*: leucorrhœa excoriates; genitals are sore in places, smart, itch, burn, are aphthous. Anxiety with distended veins; a wretched, nervous feeling in the uterus, which culminates in the

thighs; nervous, fidgety. Mental depression before the menses.

The carbons, then, would come into use when induration or ulceration is present, with "venosity," offensive, excoriating discharges, and with gastric disturbances, characterised by an accumulation and passage of offensive flatus.

*Carbo veg.* may cure varicose veins of the genitals, with blueness and burning—bluish tumours (*carbo animalis* being preferable if they are indurated)—ulcers, fistulæ, vaginal discharges, when these are excoriating, thin, and ichorous; while in *sepia* they are less excoriating and are thicker. Burning across the sacrum, dragging from abdomen to small of the back. Burning pain deep in the pelvis, increasing and decreasing (Leadam).

*Carbo animalis* causes violent pressing in the back, groins, and thighs during the menses, with unsuccessful urging to eructate. It is distinguished from *sepia* by a throbbing headache, which follows the menses. It also has copper-coloured acne on the face.

*Graphites* is an impure carbon which contains traces of iron. It combines the offensive secretions, flatulency, and skin symptoms of the carbons, with anæmia.

According to Dunham the onset of the menses is accompanied with a variety of accessory symptoms, as with *sepia*.

The remedy is not often quoted for prolapsus uteri, but it certainly is needed when there is a feeling as if the womb would press out the vagina; heavy load in the abdomen, lancinating like electric shocks down the thighs (Leadam).

The leucorrhœa is profuse, coming in gushes, and is excoriating. The remedy affects the ovaries more decidedly than does *sepia*; left ovary indurated, swollen, pains when the parts are touched.

Like *sepia* it causes the nipples to inflame and crack. It is very useful to soften or remove cicatricial tissue in the mammæ (like *Phytolacca*).

But *graphites* is best adapted to women who are anæmic, though obese, who are constantly cold, constipated, and subject to a rough, herpetic condition of the skin. Eruptions are moist, and sweat is offensive as in *sepia*, but only *graphites* has the glueyness of the secretions well-marked.



The skin grows hard, cracks and bleeds. There is less desquamation than in *sepia*.

*Graphites*, by virtue of its effect upon cicatricial tissue and indurations, ought to prove useful in softening the cervix when, as is often the case, a laceration has remained unhealed, acting as a source of irritation.

*Natrum carbonicum* and other soda salts are complementary to *sepia*.

The carbonate is needed when there is bearing down as if all would come out; melancholy, apprehensive; over-sensitive to music. Back-ache very like *sepia*; heaviness, worse sitting, better moving, bruised pain over the back at night, tension, boring from tip of left scapula through. Skin dry, rough.

Clinically, it has served when the cervix is enlarged, with ill-shaped os. Dr. Betts has succeeded with it in congenital defective growth of the anterior vaginal wall and this ill-shaped os.

*Natrum muriaticum* is suited to anæmic women, with thin worn face and general emaciation. They are melancholic, easily angered, suffer from nervous weakness, with palpitation, trembling, anxiety, and predominant chilliness; inclined to sweat; sweat in the axillæ with chilliness over the back; prolapsus uteri, cramps, scanty menses; urine with red sediment. Painful coitus. It therefore resembles both *pulsatilla* and *sepia*. But consolation aggravates (*pulsatilla* is easily pacified, seeks consolation); headaches congestive, pseudo-plethoric, with bursting pains, worst from the least motion, even of the eyeballs; mucous membranes smart as with *sepia*, but there is an abnormal dryness; thus, tongue feels dry, eyelids are dry, rectum dry, smarts, &c. With this there is a tendency to erosions, with smarting burning; thus the tongue is sore and ulcerated; gums sore and bleed. Skin unnaturally dry. The prolapsus uteri is worse in the morning, must sit down to prevent it; with back-ache, which is relieved by lying on the back. Tension in the hypogastric and inguinal regions as if the skin was tight (*apis*). Leucorrhœa greenish, with smarting and feeling of dryness. Cutting in the urethra, which is most marked after urination. Menses scanty or scanty a day or two and then copious.

*Natrum hypochlorosum* varies the case. According to the prover, Dr. R. T. Cooper, it is useful in debilitated

persons, of lax fibre and rather sluggish, mentally and bodily. This debility is accompanied with emaciation, nervous exhaustion and other evidences of deep-seated changes in the organism. There are vertigo to falling, with aching across the forehead and uterine bearing down; swimming feeling as if the top of the cranium were about to float off. Pains across the forehead and eyes or on vertex, with uterine symptoms. Brain feels paralysed, also the limbs, fingers numb; fainting spells. Tongue large, takes print of teeth; flatulency, costive, bloated after meals, flatulent asthma—all indicating abdominal plethora.

These symptoms are met with in connection with uterine diseases. Menses clotted, black; sleepiness, dark circles around the eyes. Bearing down in the uterus, which may be congested, enlarged and sensitive; constant oozing of blood, worse from any exertion. Womb feels as if it opened and shut; thus not precisely the clutching and relaxing of *sepia*. Feels as if the womb was pushed up when she sits down (a symptom of *ferrum iod.* also). Swelling low down in the abdomen, going up to the chest causing dyspnoea, worse after eating. A weight seems to fall from across the pit of the chest to the abdomen, with aching on the top of the head. Swelling in the left ovarian region at time of menses. It seemed to cause the prolapsed uterus to rise into its place, reminding one of the experiments of Dr. Jackson with *sepia*. *Pruritus*. Weak feeling about the chest. Easily overpowered with heat. This latter is also in *sepia* as well as *natr. mur.* and *natr. carb.*

*Actea racemosa* is invaluable in the treatment of women. It is especially adapted to those who are predisposed to muscular rheumatism and myalgia. It causes hyperæmia of the brain and cord, and even inflammation in the cervical and dorsal spine. Hence comes its occipital pains, lightning-like pains, delirium, &c. (see below.) It here resembles *absinthe*, *abrotanum*, *gelsemium*; the last of which remedies, however, has more drowsiness and muscular paresis with less excitement. *Sepia*, too, causes fulness of the spinal vessels, but less marked than *actea*, more passive, more torpid. Sensory nerves, in *actea*, are excited, while, at the same time, like the motor nerves and the muscles, they are weak. The heart acts feebly and nervously, the pulse is either very quick and feeble

or too slow and intermitting. With this there is scanty urine, depositing a red or yellow sediment. There is a general feeling of uneasiness, restlessness and fidgets; or tremors, nervous chills. The muscles feel sore, bruised, stiff; severe myalgic pains, with numb feeling. Pains violent, dart like lightning. Phillips recommends it even for anasarca with the above condition of heart and urinary secretion, "even when *digitalis* failed."

*Actea*, then, is pre-eminently a remedy for "irritable weakness." As with *sepia*, there are nervousness, restlessness, melancholy, scanty menses with bearing down, &c. But *actea* produces a more decided nervous excitement, amounting to delirium, with hallucinations of rats, &c.; it develops an overwhelming apprehensiveness, with no apparent cause, but which cannot be overcome, reducing the patient to despair. In her excited state she feels as if the top of her head was flying off and she would go crazy. She becomes suspicious, irritable and is dizzy as if intoxicated. All these symptoms form a part of the general nervous state, which depends upon an irritated condition of the uterus and ovaries; or is, at least perpetuated thereby. And the disturbed state of the uterus seems to be based on a rheumatic diathesis. She suffers more from neuralgia than the *sepia* patient; dull aching from occiput to vertex: aching soreness in the eyeballs, sharp pains thence to the vertex, with red, congested eyes—all associated with flexed or irritable uterus. Very important, too, are neuralgic pains in and about the latter organ; uterus sensitive to touch, pains shoot across from side to side; bearing down, with tightness around the hips, menses scanty, pain continues after flow begins. The epigastric faintness is not quite the "goneness" of *sepia*. It is accompanied with nervousness, tremors, waves spreading thence all over, feeling as if frightened. *Sepia* may be needed in asthenopia, reflex from the uterus; *actea* rather in hyperæsthesia of the retina or in ciliary neuralgia, reflex from the uterus. Both are very useful at the climacteric; *sepia* for the flushes of heat; *actea*, according to Hughes, for irritability, pain at the vertex, and sinking at the stomach.

*Kali ferrocyanidum* has relieved bearing down; leucorrhœa-like pus, profuse but not irritating; sadness even to tears. Sinking sensation at the epigastrium. Pas-

sive uterine hæmorrhage with consequent debility. (Bell, McClatchey.)

But these effects ought not to be confounded with those of *sepia*. For the drug is an intense poison, acting on the muscles and heart, &c. The gastric sinking is connected with weakened heart, the beats of which become diminished in number and force, with consequent coldness, sinking, vertigo, numbness, and tremors. The remedy, then, suits the debilitated when the heart fails. It is closely allied to *kali carb.* in weak heart.

*Calcareo carbonica* causes a pressure in the lower abdomen on physical exertion. Bearing down, worse standing; aching in the thighs. Sore pain, tension, worse holding oneself erect or bending backwards. Stinging in the cervix, stitches. But the menses are profuse and too early, and the general symptoms are, as is well-known, very different from those of *sepia*.

*Calcareo phosphorica* (like *phosphorus*) produces a weak sinking feeling in the hypogastrium; empty sinking sensation at the epigastrium. Prolapsus is worse during stool or micturition, with sense of weakness and distress. Aching in the uterus. Cutting through to sacrum. Cream-like leucorrhœa. Burning in the vagina, with pain on both sides of the bladder and uterus; burning like fire up into the chest. Flushes of heat, anxiety, faintness, debility; she sweats easily.

But the menses are profuse and there is sexual excitement. She is weak and emaciated, consumptive; suffers from partial profuse sweats; but they are not offensive as in *sepia*. Every exposure increases her rheumatic pains and with these her distress at the uterus.

Among the remaining remedies we may briefly refer to the following:—

*Mitchella*, cervix engorged, dark-red, swollen. This is associated with an irritation at the neck of the bladder, with urging to urinate. There are, however, no general resemblances to *sepia*. The remedy is rather to be classed with *eupat. purpureum*, vesical irritability in women (Hughes)—*hydrocotyle*. irritation of the neck of the bladder; cervix uteri red, with heat and itching of the vagina (confirmed by Dr. Mitchell)—*vespa*, ulcer around the os; dysuria—*apis*.

*Sepia* ought not to be confounded with *secale c.* and *ustilago*; for although the three cause bearing down,

congestion, aching distress, and prolapsus uteri, the conditions are quite different. The last two act on the muscular coat of the blood vessels and involuntary muscular fibres in general. Secondly, from undue relaxation, they favour tumefactions, passive hæmorrhages. Their "bearing down" is prolonged, marked (like *caulophyllum*). *Ustilago* has relieved uterine hæmorrhage; also vomiting of blood in a lady with uterine disease; passive flow of blood; the examining finger detects a soft, patulous cervix, and is stained with blood (Woodbury).

*Viburnum opulus* has caused and cured pains, coming as in *sepia*, around the pelvis to the uterine region, also "goneness," empty feeling at the stomach; bearing down; "nervousness." But the bearing down is much more violent, and culminates in the uterus in intense cramp; thus favoring *caulo.*, *actea rac.*, *secale*, &c., rather than *sepia*.

*Inula* and *hedeoma* have been proved, but clinical experience is wanting. Like *sepia*, they cause uterine pains and bearing down; the first, dragging in the genitals, backache, urging to stool and to micturition; the second, bearing down with great weakness in the legs.

*Sepia*, in a few instances, has relieved choreic-like symptoms; sudden jerking of the head backwards and forwards; twisting in the stomach and then a rising to the throat. Among similar remedies we should not forget to include *zizia*. It causes an increase of blood in the uterus, back-ache, smarting, burning in the back; spasmodic movements of the face and limbs. The mind is at first exhilarated, then depressed, and finally a state of indifference obtains. The most marked characteristic, however, is restless, choreic movements, *worse during sleep*.

When prolapsus uteri is a symptom of general defective nutrition, with little or no local congestion, *sepia* yields to *aletris*, *caulophyllum*, *abies canadensis*, *lac deflor*, *calc. phos.*, *natr. mur.*, *helon*, *natr. hypochlor.*

In threatened abortion *sepia* is indicated not so much by the pains as by the evidence of disturbed circulation. This, together with irritable nerves and laxness of tissue, makes up the cause of the impending catastrophe. It will be noticed that there are, or there have been, fulness and

pressure of blood to the head and chest, feeling of heaviness in the abdomen, piles; flushes of heat, with faintness and momentary attacks of blindness—observed especially when the patient was in a warm or close room, kneeling as in church, when steadily using the eyes, &c. A common attendant, clearly expressive of the nature of the *sepia* case, is the excellent keynote of Dr. H. N. Guernsey: sense of weight in the anus like a heavy ball.

This last symptom is unique, differing materially from the urging of *nux* and *sulph.*, the pressure of *lilium*, and the fulness and weight of *aloes*. The latter has also sensation of a plug wedged in between symphysis pubis and os coccygis.

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### CASE OF NASAL POLYPUS, CURED BY INTERNAL TREATMENT ALONE.

By THOMAS SIMPSON, M.D.

ARE there any facts which show the action of infinitesimal quantities of ponderable matter on the healthy body? This is a question often propounded by enquirers into the truth of the homœopathic law, and it behoves those who profess faith in Hahnemann's system of medicine to be ever ready to give a reason for the hope that is in them; such proofs they are sure to find in daily practice if they are consistent and observant. Objective symptoms are, perhaps, most convincing, and the removal of nasal polypi by internal medication affords a striking instance of the power of small doses.

In March, 1886, a gentleman, aged 65, who indulges freely in the pleasures of the table, and is gouty, called to see if I could relieve him of the annoyance caused by the irritating presence of a number of polypi in each nostril.

I found them occluded so as to prevent respiration except with the mouth open. There was a constant discharge of watery mucus, and dryness of the mouth and throat; tongue coated; appetite capricious; feet damp and cold. Prescribed 16 powders 1-7-16 containing *calcareo carb.* 80, the rest only milk-sugar; one dose every morning. In a fortnight the polypi were decaying

(manifested by the grayish black appearances they presented). Repeat *sacch. lactis* 14 days. On this occasion the nostrils were clear of obstruction, and no inconvenience has since resulted, though this gentleman submitted to an operation only six weeks before applying to me, when 11 polypi were removed by an eminent surgeon.

Glasgow, Nov., 1886.

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## REVIEWS.

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*Therapeutic Methods: An Outline of Principles Observed in the Art of Healing.* By JABEZ P. DAKE, M.A., M.D. Boston and Providence: Ottis Clapp & Son. 1886. Pp. 195.

THE work before us is the result of a long and carefully studied experience in the practice and teaching of medicine, by one of the best informed, most cautious and most trustworthy of American physicians. Being so, it is, as will be expected, one that is both interesting and useful—one that every practitioner as well as every student of medicine may study with advantage. It is written in a singularly concise style. There is no verbosity—nothing “to skip;” and, at the same time, it is thoroughly clear in its arguments, sound in its inferences and accurate in its facts.

Regarding the field of therapeutics as comprising “whatever agencies or operations are resorted to, varying the conditions of the sick for the restoration of health, whether medicinal, chemical or mechanical—whether drugs, water, air, movements, or mental impressions—not usual or necessary in states of health,” Dr. Dake in this volume sets forth the principles which should regulate the employment of, and points out the sphere of usefulness occupied by each.

In the first part, the author gives an interesting and succinct account of the various therapeutic methods and systems which have influenced the practice of medicine from the time of Pythagoras to our own day. This is supplemented by a chapter on the character and degree of information necessary to the proper application of therapeutic principles in practice. As pre-requisites to the right understanding and employment of therapeutic principles, Dr. Dake refers to anatomy, physiology, pathology, etiology, symptomatology, and pathogenesis or *Materia Medica*.

In concluding this chapter, he writes: “An exact knowledge of anatomy and physiology, pathology and symptomatology can avail little to the practitioner who is unacquainted with the properties and powers of the articles and agencies to be

employed in the treatment of the sick. Imagination will not serve in place of real knowledge; and he who draws most upon it, in the selection of curative means, will make the most miserable failures in practice. The knowledge required is not simply nor chiefly of drugs, but quite as much, or more, of the ordinary or every-day influences bearing upon man, sustaining him in health or making him sick, according as their properties vary, such as the atmosphere he breathes, the food he eats, the fluid he drinks, and the influences of his occupation, residence and habits. Water at various temperatures, electricity, physical exercise—all these must be understood in their varied relations to human health. He who studies the properties and uses of drugs ever so much, and knows little of these, will make poor headway in healing the sick."

The breadth of view reflected in this passage pervades the entire volume.

The second part is devoted to the consideration of therapeutic methods; these are divided into the Empirical, the Theoretical, and the Scientific.

In describing the first of these methods, Dr. Dake says:—"The earliest of all therapeutic principles was this: Administer in each case of disease the remedy which experience has shown to be effective in a similar case." If it was one of the earliest of therapeutic principles, so, too, is it (if we may regard Sir James Sawyer as an authority) one of the latest, for in his address on *Therapeutic Progress (?)* delivered before the Midland Counties Branch of the British Medical Association last year, he said: "Why do I give this medicine to this patient? Not because it has such and such physiological effects, and I expect therefore that it will do good, but because I have *before* found its administration attended with advantage under similar circumstances, and this experience *satisfies* me and gives me confidence in using it again, until I know of a better remedy."

The *Theoretical* arose from the desire to see beyond the line of simple facts—to learn the *modus operandi* of the curative agent. "The efforts to learn the philosophy of cure, so as to be able to connect morbid conditions with curative agencies, the formation of some theory that might lead where empiricism could not avail, were not only natural but necessary." Here, however, the acceptance of unreliable *data* and consequent erroneous generalisations, and the acting upon insufficient analogies have, when brought face to face with such epidemics as cholera or yellow fever, sufficiently attested the inadequacy of theoretical therapeutics.

The *Scientific*. "What is now required," says Dr. Dake, "is a system or scientific arrangement, in which every thera-



peutic procedure is regulated by some therapeutic principle." To obtain principles more or less widely applicable in medical treatment, "facts in relation to the human organism in health, and facts concerning it in states of disease, and facts as to the influence of agents resorted to as remedies, must be closely observed" and "logically treated."

The author now divides the great therapeutic field, on the one hand, into "those means or measures which are relied upon to relieve suffering and restore health without the institution of an artificial pathological condition, and, on the other, such as are employed 'to institute those new pathological conditions which are most conducive to health.'" The former he considers under the designation *Physiological*, and the latter under that of *Pathogenic Therapeutics*. In discussing physiological therapeutics, Dr. Dake dwells briefly, but clearly, upon air, food, drink, clothing, dwellings, business, district inhabited, chemical agents, and such as are mechanical, comprising active, passive and combined movements and anti-parasitic measures. Having pointed out the principles regulating each in their relation to the cure of disease, he emphasises their importance by saying that "to the therapist they are not simply adjuvants," "nor creatures and tools of fancy to be employed at random;" but "as regular, and as highly scientific, and as respectable as the drugs of the Pharmacopœia, and a great deal more effective in cases where they are indicated."

In considering pathogenic therapeutics, after dividing practitioners into those of the "active schools" and those of the "expectant schools," and insisting on the importance to the former of an accurate knowledge of the real nature and power of medicines in relation to the human organism, not only upon the sick, but first, and above all, upon the healthy human organism, Dr. Dake, in the following propositions, argues the existence of a general law of cure through drug agency:—

"1. All drugs are primarily pathogenic, and endowed with sick-making properties.

"2. The special character of each drug can be learned in no way except through the symptoms or effects of its action in the human system.

"3. The symptoms of the artificial affection induced must bear some certain relation to those of the affection they supplant; being opposite, unlike, similar or identical with them.

"4. Such relationship, if found to be the same in a number of different cases, must indicate a therapeutic principle.

"5. If the relationship proves to be the same on a large

majority of cases when cures result, the principle arrived at must be quite general.

"6. If the relationship is the same in all cases where drugs act curatively, the principle thereby revealed must be universal, and, therefore, *the paramount law of cure.*"

After some remarks on the supposed difficulties in the way of ascertaining some general law of cure, he proceeds to enquire what relationship, opposite, dissimilar, similar or identical, has been most constant in medical experience.

After analysing the antipathic or opposite relationship, he concludes that all that can be claimed for it as a therapeutic principle is, that it may be useful in palliating disease. "When," he writes, "it is important to deaden sensibility during the existence of affections not susceptible of cure and affections self-limited, or to hold in check destructive processes not at once amenable to curative treatment, or to stimulate flagging energies directly which cannot be otherwise made to respond, antipathic measures may be of great importance."

Dr. Dake herein gives the conclusion that he has arrived at on a question which has occasioned frequent discussions in homœopathic congresses, societies and literature. We need hardly say that we entirely agree with him. Our duty as physicians is to give the greatest amount of relief to our patients. As physicians acknowledging the supreme value of the homœopathic principle of drug selection our duty is to avail ourselves of this principle as far as it is capable of being advantageously applied; but we know, and have always admitted, that there are cases, however few in number, and parts of cases, scarcely more frequent, where it cannot be advantageously applied, but where an antipathically-acting medicine does give some relief. How such cases may be recognised has never been more clearly stated than it has been by Dr. Dake in the passage we have quoted.

That the purely allopathic plan has no value as a therapeutic principle Dr. Dake proves quite clearly; neither does the isopathic relationship between drug and disease suggest any general principle or rule for the art of healing.

The homœopathic, or similar relationship, is finally discussed. It is defined as involving "a comparison of symptoms; on the one hand, such as are exhibited by the disease, and, on the other, such as are producible by the agent employed as the remedy for it. By symptoms are meant—not only the subjective but also the objective—all the signs or exponents of morbid influence and pathogenetic action in any way recognisable." In a couple of pages the "sphere of similia" is clearly and precisely pointed out. The following propositions define the cases which are outside of this sphere:—

"1. It relates to no affections of health where the essential cause is constantly present and operative.

"2. It relates to no affections of health which will, of themselves, cease after the removal of the cause by chemical, mechanical, anti-parasitic or hygienic measures.

"3. It relates to no affections of health occasioned by the injury or destruction of tissues which are incapable of restoration.

"4. It relates to no affections of health where vital energy or the natural reactive power of the organism is exhausted.

"5. It relates to no affections of health, the likeness of which may not be produced in the healthy organism by pathogenic means susceptible of human grasp and control.

"The class *not* excluded, the one in which it is universal and paramount to all others, must be made up of *affections similar to those producible by pathogenic means, existing in organisms having the integrity of tissue and reactive power necessary to recovery, the efficient causes of the affections having been removed, or having ceased to be operative.*"

Here the homeopathic principle is not "a dogma" but a law of nature. "It is exclusive only in the sense that any law is exclusive in its own domain; and it is universal inasmuch as it applies to each and every member of a class."

A very interesting comparison is next drawn between the objections advanced against Newton's law of gravitation at the time it was first announced and those raised against the law of similars by Hahnemann. The points of resemblance noticed are very striking.

In demonstrating the value of similia, Dr. Dake traces the history of the therapeutics of cholera from the time of its first appearance in England down to the last epidemic. From the experience of writers on each epidemic he shows conclusively how insufficient for dealing with new forms of disease empiricism and pathological theory have proved to be. He then goes on to point out how Hahnemann, under the guidance of the law of similars, from a simple description of the phenomena of the disease, and without ever having seen a case of it, pointed out remedies—*camphor, veratrum, and cuprum*—remedies which surpassed all others in efficacy during the prevalence of cholera in Russia, Hungary, Austria, Germany, France, England, and America in 1831, 1832 and 1833, as well as during the epidemics of 1848, 1849 and 1850, those of 1853 and 1854, and those of 1866, as well as the last in America in 1873. This comparison is strikingly drawn, and will, we are sure, be read with much interest.

In the two concluding chapters of this part, the position of therapeutics without a general principle is considered by the

light of the opinions of the leaders of medical thought in the past and at the present day, and some of the clinical proofs of the truth of the law of similars are presented with all the caution so essential in an enquiry of the kind.

In the third, and final part of Dr. Dake's work, he enters into much instructive detail as to the requirements needed to put the law of similars into practice.

First and foremost here he rightly places "a knowledge of the uniform effects of drugs singular as to the drug, but general as to the subjects of its influence." The proving of drugs is carefully considered in this part, and the rules to be followed are very precisely laid down. After an ample definition of drug symptoms, the manner in which the records of provers should be arranged for the practising physician is fully stated. By those interested—and what homœopathic physician is not interested?—in the *Cyclopædia of Drug Pathogenesis*, this part will be read with advantage. Our requirements in the way of *Materia Medica* text books Dr. Dake considers to be—(1) One containing narratives of the experiments and cases of poisoning; (2) A digest of these narratives, with an arrangement of the recorded symptoms in the anatomical schema form of Hahnemann, accompanied by clinical verifications and therapeutic suggestions in foot-notes; and (3) a nosological index in which "the phases and characteristics of the different morbid states and feelings belonging to each tissue, organ, region, or department named might have attached to each a reference to the symptoms belonging to its remedy in the digest." Such a book would doubtless be useful, but its place is, we think, fairly supplied by such commentaries as already exist or are likely to be supplied from time to time. With *The Cyclopædia of Drug Pathogenesis*, supplemented by a good schematic analysis, we should get along very well. The former is being prepared rapidly, and the latter we shall hope to have in the form of an *Index* within a short time of the completion of the former.

The chapter entitled "*Application of Similia*" is one that every young practitioner, at any rate, ought to study carefully and follow accurately, remembering the while that one of the last sentences in it is especially true—"The failures of practitioners of homœopathy," writes Dr. Dake, "have been due, not to the unsoundness of the law of similars, but to neglect to comply with its plain requirements."

The succeeding remarks on *Posology* are full of sound practical common sense. This very interesting and useful volume is brought to a conclusion by some practical observations on *Pharmacy*, on what the author terms *Constructive Homœopathy*, which is shown in cases cured by two or more medicines in

combination, each of which, singly, produces symptoms more or less like those from which the patient is suffering; on *Non-Medicinal Homœopathy*, and *Adjwants*.

One fault there is throughout this book to which we draw attention in the hope that Dr. Dake will correct it in the next edition. It is that, though quotations from authors are numerous, in only two or three instances is there a reference given to the volume and page whence the extract has been made. In the next edition we hope that Dr. Dake will give precise information on this point.

We have endeavoured to give our readers some idea of the construction of Dr. Dake's most useful and timely contribution to the study of scientific therapeutics, in the hope that they may be induced to obtain it for themselves, feeling sure that whoever reads it will derive both pleasure and profit from doing so. It is calculated to strengthen our faith in the reality of the law of similars, to precisionise its application, and to point out the lines of further study necessary to secure and facilitate its yet wider adoption among the members of the medical profession.

We cannot conclude our notice of this volume without referring to the mechanical part of its production; the type, paper and binding reflect the highest credit on those concerned in bringing it out.

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*The Medical Treatment of our Time; or Medicine, Orthodox and Heterodox, by one of the Excommunicated* (JOHN D. HAYWARD, M.D. Lond.). London: Unwin. 1886.

THIS is the essay which gained the prize of 25 guineas offered by Major Vaughan Morgan for the best essay on Medical Treatment, with special reference to the scientific system of Hahnemann. Dr. Hayward handles his theme in a masterly manner, and we have no hesitation in saying that his essay is the best exposition of the scientific character of the system of Hahnemann that has appeared in our language for many years. He gives a very fair account of the systems and methods of the old school, pointing out their defects and merits in an impartial spirit, and he sets forth with lucidity, and yet with brevity, the homœopathic doctrine, showing that it teaches the only rational therapeutic method, and that it is not only rational but successful beyond any of the methods hitherto pursued in therapeutics. In a literary point of view, Dr. Hayward's essay is original, artistic and interesting. In short, the essay is well calculated to produce a favourable impression on all who are open to conviction, and who will come to its perusal with an impartial and unprejudiced mind.

It is the intention of the liberal prize-giver to circulate this prize essay extensively among the medical profession, and it is his hope that it will induce many of the old school practitioners to make an impartial enquiry into and give a fair trial to the homœopathic method. This has been the hope of all who in the past have appealed to the medical profession by books, by pamphlets, and by articles in periodicals. Hitherto the hope has proved illusory. Whether the present venture will be more successful we cannot say, we can only hope once more. Dr. Hughes, in a preface to the essay, says, "this may be the last appeal to the profession of this country for justice to homœopathy."

It may be worth while enquiring why our appeals have always hitherto been in vain. They have shown, as Dr. Hayward here shows, that the homœopathic therapeutic rule is rational in theory and successful in practice, and yet the medical profession remains as obstinately opposed to it as ever. Though the old school have abandoned all the traditional perturbing modes of treatment which were in vogue at the time of Hahnemann's promulgation of his doctrine, and which were denounced by him; though they have borrowed largely, without acknowledgment, from our *Materia Medica*; though system has succeeded system, method has been superseded by method, and theory has displaced theory in their own school, they will neither examine nor give a fair hearing to homœopathy, far less put it to the test of a practical investigation. We have shown them, by the comparison of our hospital statistics with theirs, and by the far greater success of our treatment of special diseases of the most serious character, such as cholera, diphtheria, pneumonia, dysentery, &c., that homœopathy cures more cases, in a shorter time and with less expense, than any of the old school methods; and yet they affect to treat us as quacks, denounce us as unscientific, and ostracise us from their hospitals, societies, consultations and periodicals. May it not be that it is because of these its merits that homœopathy is hated and feared by the great bulk of the medical profession?

Medicine, it must be remembered, is not only an art or science, it is also a profession or calling. Medical practitioners must live by their profession. There is no denying that the medical profession is over-stocked. The incomes derived from the exercise of their calling by medical practitioners are mostly hardly earned, and are none too great to enable them to live and bring up their families in comfort. Homœopathy shortens the duration of diseases, and gives fewer opportunities for the personal interference of the doctor; accordingly it diminishes his profits. As these are, as a rule, small enough, the hard-working and ill-paid

practitioner dreads to see them diminished. And homœopathy diminishes them in other ways. It is a matter of common observation, and cannot have escaped the notice of the ordinary practitioner, that the lay converts to homœopathy very soon blossom into unlicensed practitioners of medicine. They get a box and a book and treat nine-tenths of the common diseases of themselves and their families, and often of their friends and acquaintances without calling in any medical practitioner. In places where there is no homœopathic practitioner, many families, who formerly employed a medical man for all their little maladies, find that they can cure these more pleasantly and more quickly with the aid of their Laurie or Ruddock; so the practitioner who used to derive a good annual income from them is left out in the cold, and these families are as good as lost to him. Besides, those who have once had experience of homœopathy have a wholesome horror of the often painful and generally unpleasant effects of allopathic drugs. Even in places well supplied with homœopathic practitioners the profits of the family homœopathic practitioner tend to diminish yearly as the patients become more and more conversant with homœopathy, and are able to treat many of their maladies without his aid.

Homœopathy is, then, more for the interest of the patient than of the practitioner. Hence the latter is prejudiced against it, for he thinks that its adoption will in all probability cut down his already scanty income. He is, therefore, only too willing to believe that homœopathy is the irrational, unscientific and disreputable system his teachers in the college and the medical press represent it to be. He will not enquire into it, will not read any works in favour of it, will not use its remedies unless they are presented to him by the appropriators of our drugs as new empirical remedies, labelled with the orthodox names of Ringer, Brunton and the rest. In the meantime his patients leave him in order to obtain that homœopathic treatment he will not give them, or if forced to have him in they tell him that they will not take his "nasty" medicine, and perhaps taunt him with not knowing the better and pleasanter homœopathy. All this does not put him in a better frame of mind towards the new system which has, may be, already diminished his professional gains and threatens to diminish them still more.

We believe his fears that an adoption of homœopathy would prove disastrous to him in a pecuniary point of view to be unfounded. Patients are not slow to perceive when they are most surely, most pleasantly and most quickly cured, and will employ by preference the practitioner and the system that is able to do this. The ordinary practitioner, with his distressing

drugs, is with many an object of dread, and is only called in as a last resort; whereas the most sensitive invalid has no fear that the practitioner of homœopathy will torture him with violently-acting medicines or imperil his life with dangerous narcotics. He knows that homœopathy will not make him worse than he was, as the old drugs often do, so he willingly sends for the homœopathic practitioner, when if his choice were limited to practitioners of the old school he would rather bear the ills he has than fly to others that he knows of perhaps too well.

Homœopathy cures more quickly. Here the advantage is all on the patient's side. But homœopathy cures more surely, *i. e.*, it saves more lives. Here the advantage is with the practitioner. For what avails it him to have had to treat a long and protracted illness, terminating in death? A dead patient is of no further use to the doctor. It is like killing the goose that laid the golden eggs. The dead patient is lost for ever to the doctor's income. Whereas should he have saved the patient's life, even by a shorter treatment than it took him—well, *not* to save it, the patient remains for future treatment; and, as a patient often knows pretty well when his life has been saved by the doctor, his gratitude turns him into a living advertisement of the doctor or the doctor's system of treatment. So, on the whole, it is the doctor's interest to adopt the system that saves most lives, even though it shorten the duration of treatment. Perhaps if the matter were presented to the general practitioners in this shape it might have more effect in inducing them to examine and render justice to homœopathy, but at present what strikes and repels them is: "diseases shortened and the cost reduced." They feel much as lawyers would feel were it proposed to make legal business more easy, to shorten lawsuits, and make every man his own lawyer. The general practitioner does not want diseases shortened, still less does he welcome the books of Laurie, Hering and Ruddock, which profess to make every man his own doctor. The lawyers have invented a saying to meet this attempt in their own case—"Every man who is his own lawyer has a fool for a client;" and can give no end of modern instances in confirmation of the truth of this wise saw. Medical men paraphrase this saying to meet their case—"Every man who is his own doctor has a fool for his patient;" but somehow it does not go down, for many patients take to being their own doctors and find themselves all the better for so doing, and they are often sufficiently well-informed to quote some of the disparaging remarks of illustrious allopaths about their own art, such as Hufeland's: "My opinion is that more harm than good is done



by physicians;" or Dr. James Johnson's: "I declare it to be my conscientious opinion, founded upon long observation and reflection, that if there were not a single physician, surgeon, apothecary, man-midwife, chemist, druggist or drug in the world, there would be less sickness and less mortality than there is now." To be sure in their amateur practice they sometimes mistake a pneumonia for a catarrh, or a diphtheria for an ordinary sore throat, and so lose precious time by giving the wrong medicine. But, on the whole, they think they do better than by submitting to the "heroic" treatment of the ordinary practitioner, the heroism in the affair, as Dr. Hayward pithily remarks, being displayed by the patient who takes the nauseous doses and not by the doctor who prescribes them.

As, then, the bulk of the profession are not likely to be influenced by appealing to them directly, the proper course to pursue will be to act on them indirectly through their patients. By convincing the latter that it is greatly to their interest in a pecuniary, as well as a sanatory, point of view to get themselves treated homœopathically when they are ill, they will insist on their medical attendants studying and practising homœopathy, under the threat of leaving them altogether. When once the general practitioner finds that it is for his own interest to adopt homœopathy, the beauties and perfections of Hahnemann's system will not be long in revealing themselves to him. He is not, as a rule, averse from novelties, on the contrary he hails with satisfaction all kinds of novel modes of treatment which tend to make him more indispensable to the patients and which entail a more frequent repetition of his professional services, and it is chiefly because he thinks that homœopathy tends in the opposite direction that he regards it with abhorrence. But we think he would find compensation more than adequate in the circumstance that he saves more lives—for future practice—and that he inspires his patients with confidence in him, which will lead them to consult him more frequently, instead of with fear of his professional visits on account of the violent medicines he is in the habit of giving.

If this admirable pamphlet should fail—as all its predecessors have failed—to arouse the bulk of the profession to an intelligent understanding and appreciation of homœopathy, we think it might be useful for circulation, at a reduced price, among the public. Possibly the Homœopathic League might be able to utilise it. It is too good to be lost sight of, and it is quite as well suited to the non-medical as to the medical reader.

## NOTABILIA.

## LONDON HOMŒOPATHIC HOSPITAL.

The Fine Art Distribution, in aid of the Fund to be devoted to opening the Bayes Ward in this Institution, is to take place this month. During the last two or three weeks the various paintings, drawings, etchings, engravings, photographs and miscellaneous works of art, which constitute the prizes, have been on view.

We have received the following interesting critique from a correspondent who has visited the Exhibition at our request:—

“The board of management of the above institution is much to be congratulated on the very interesting collection of pictures and ‘objets d’art’ now on view in an empty ward of the hospital. It is not surprising to hear that the tickets for the art distribution are selling rapidly, as pictures for prizes have been presented by Sir J. D. Linton, Mr. Ernest Parton, Mr. Alma Tadema, Mr. Tristram Ellis and many others; while the ‘consolation’ prizes are so numerous and excellent that even the failure to win a fifty or twenty guinea prize will not be without compensation.

“Sir J. D. Linton’s contribution is a vigorous little water-colour of a time stained and crumbling tower outside the Alhambra. Above this is Mr. Arthur Croft’s ‘Bad Weather on the Lake of Geneva,’ where a hurrying storm darkens the blue waters of the lake. Very charming in tone is Mr. Charles Thorneley’s ‘Hay Barges,’ a group of red and dun sails picturesquely disposed against an opalescent sky, with smooth grey water in the foreground, and a happy suggestion of still air and calm weather. Mr. Samuel Bird is fortunate in the rush of tumbling waves in his ‘Watchers,’ two or three white capped women gazing out over a stormy sea, but more interesting is his ‘On the French Coast,’ with a white Norman horse standing back to the wind, and heavy clouds rolling up from the horizon. Neat and brilliant is Mr. Tristram Ellis’s ‘Dartmouth,’ the wide estuary dotted with many-coloured sails of fishing boats, and gleaming in the ‘blue unclouded weather.’ There are two pretty little water-colours by the late Mr. John Lopes, landscapes with sheep and cattle. Mr. Ernest Parton’s solemn ‘Rydal Water’ is something of a surprise, so different is it to the silver birches and diaphanous foliage to which this clever painter has accustomed us. Here trees in sober greens, faintly touched by autumn, are heavily massed above the grey water, while grey and purple hills, lightened by a rainy gleam of sunshine, fade into a misty distance. Mr. Charles Jones in ‘The Highlanders’ sends three curly-horned and nimble mountain

sheep and a rough little red bull standing 'at attention' on a sunny upland. There is motion in Major General Beynon's 'Sailing Boats,' and a well chosen subject in Mr. Edwards' 'View on the Thames,' with its crowded steamers and barges, smoke and smoothly-gleaming metallic water, where the peculiar solid-surfaced look of Thames below bridge is very faithfully rendered. 'A View near Reigate' is characteristically English, green and soft and misty, a most inviting landscape. 'Nets Drying on the Coast of Scotland' (Alexander Mortimer) is an original subject originally treated. Mr. Alma Tadema has made a quaint and pretty study of an old carved cabinet bearing a glass pitcher and a brazen dish, and a chair with a blue cushion whereon a fluffy tabby kitten slumbers peacefully. 'The Ferryman,' A. D. Longmuir, is a nice harmony of grey and brown, lighted by a primrose patch of sky. 'Southwold,' W. H. Player, shows us the windmill and wide expanse of country rapidly becoming familiar in the works of many young painters. Mrs. Annie Wheeler's 'Poppies' are admirable, delightfully fresh in colours, and painted with delicate precision.

"The black and white works are numerous, amongst them may be specially mentioned etchings by H. M. Smith, Vereker Hamilton and Jacomb Hood. Mr. Löwenstans also sends some excellent etchings, notably 'Primrose Day,' and Mr. Macbeth contributes his charming 'Lady Bountiful.'

"Amongst the miscellaneous artistic objects are a china panel of 'Rhododendrons' by A. Mold, and by the same hand two very lovely porcelain vases. There are flowers admirably painted on leather panels by Mrs. Robertson; there are screens, painted and worked, of various forms and sizes; there are medallions, and afternoon tea sets, and a number of first-rate photographs of animals, one of the most excellent of which is a stately and quiet un-self-conscious lion in the very attitude of Landseer's lions in Trafalgar Square.

"Altogether it will be evident that the prize-winners, and even the ticket-holders (for everyone is to have something), at the Art Distribution ought to be very happy people, to have at once the means of benefiting an excellent institution and of very solidly rewarding themselves for so doing!"

The actual date of the drawing we are not in a position to state; but all who are willing to assist in the benevolent work, to aid which these prizes have been presented, and are at the same time desirous of obtaining either a valuable work of art or a memento of their interest in the hospital, should lose no time in applying to the secretary, Mr. G. A. Cross, at the Hospital, 52, Great Ormond Street, for tickets.

## DISCUSSION ON HOMŒOPATHY.

(Continued from page 499.)

WHEN last we reviewed the various letters, *pro* and *con* homœopathy, then appearing in *The English Mechanic*, we fully intended to continue our notice of them in our next number—that for September—but the proceedings of the International Convention at Bâle, which had the first claim on our time and space, so completely absorbed both during that month and the following, and the length to which one or two papers in our last number extended, have prevented our recurring to it until now. Indeed very little of interest and nothing at all fresh, in the way either of argument or illustration, appeared after our notice in August, until the editor gave the *coup de grace* to the discussion on the 6th of the same month. The discussion had been steadily going on, week by week, from the 7th of May, and as it was clearly flagging in interest during July, we cannot be surprised that the editor should have felt that he had devoted as much of his space to the rival disputants as he well could, and therefore closed the discussion. We, however, wish to take this opportunity of thanking him for opening his pages to it, and only regret that so few medical men came forward to endeavour to prove that homœopathy is not as true as its advocates believe it to be. Most assuredly if all that can be said against homœopathy appeared in the columns of *The English Mechanic*, what there is does not amount to much, and that little would never have been advanced at all had those who brought it forward known anything of the subject whereof they wrote!

In *The English Mechanic*, of the 16th of July, Mr. W. J. Grey, F.C.S., of Newcastle-on-Tyne, essays "a few words" on what he calls "the common sense of the subject." In doing so he seeks for a clear definition of the words "similar" and the "same," and desires to be informed as to the difference between "similarity" and "identity." An English dictionary—if Mr. Grey's "common sense" is inadequate to the task—might, one would have thought, have appeased his thirst for knowledge in the matter. One before us defines "similarity" to mean "likeness, resemblance;" and "identity" is interpreted thus, "sameness, as distinguished from similitude and diversity." We will endeavour to enlighten the Fellow of the Chemical Society by an illustration. Poisoning by *arsenic* is one thing, Asiatic cholera is another; the symptoms produced by the poison and those by the disease closely resemble each other, but they are not identical; so closely do the conditions producing these very similar symptoms resemble each other that both Professor Virchow, of Berlin, and Professor Hoff-

mann, of Basle, have recorded instances where poisoning by *arsenic* and death from cholera have been mistaken, the one for the other, and where the *post mortem* appearances of a cholera case have closely resembled the condition characteristic of *arsenical* poisoning. They were "like" but not "identical," inasmuch as the causes producing the symptoms during life and the *post mortem* appearances were different. The action of a drug may be correctly said to be similar to that of a disease when the symptoms each will give rise to are alike in the locality affected, in the quality of the affection and in its tendency. By an educated physician of ordinary intelligence the difficulty of distinguishing between similarity and identity, in estimating the quality of symptoms produced by drugs and diseases respectively, would not be felt; an F.C.S. may be differently circumstanced. Then Mr. Grey wants to know whether "homœopaths administer a hypodermic injection of morphia or a dose of laudanum" to "a man in a comatose state." Of course they do not; but in comatose states resembling that produced by opium, they would give, and, unless the coma depended upon some irremediable organic lesion, would in all probability give successfully a small dose, say the 1/100th or 1/1000th of a grain of opium. Further, he desires to know if homœopaths "would treat the rice-water stage of cholera with croton oil." Undoubtedly, if a given case of cholera resembled the effects of croton oil poisoning, a small dose, say 1/10,000th part of a drop, would be an appropriate remedy. In some cases of autumnal diarrhœa Dr. Jousset, of Paris, has found it useful (*Éléments de Médecine Pratique*, vol. ii., pp. 158 and 157). "There seems," says Mr. Grey, "no earthly reason why a drug in small doses should cure a disease which itself will produce if given in larger quantities." If we cannot explain the fact we can at any rate test it, and it has been tested in many millions of instances. When it was objected to Newton's law of gravitation that no satisfactory explanation of it could be given, no reason for it advanced, he replied, "What the cause of these attractions is I do not here enquire. What I call attraction may possibly be caused by some impulse, or in some way unknown to us. I have explained the phenomena of the heavens and the sea by the force of gravity; but the cause of gravity I have not yet assigned." So Hahnemann replied to the kind of objection urged by Mr. Grey—"As this therapeutic law of nature clearly manifests itself in every accurate experiment and research, it consequently becomes an established fact, however unsatisfactory may be the scientific *theory* of the manner in which it takes place." The remainder of Mr. Grey's letter is occupied with an endeavour to ridicule

small doses; the hypothesis being, that homœopaths regard the potency of the dose of a medicine as being in direct proportion to its smallness! When Mr. Grey has learned that facts are independent of theories, and has added to his existing quantum of knowledge something of the method of putting homœopathy into practice, he will be better qualified to criticise it than he is at present. Meanwhile he seems to know practically nothing about the subject on which he writes. In so far he is indeed only one of a large number of people!

In the same number Mr. Ray insists on having his demand for "a remedy" for "dyspepsia" categorically stated. "A General Practitioner," in reply to a similar demand from the same correspondent, had already pointed out that the word dyspepsia included a number of gastric disorders, each requiring a different medicine. The "G. P." named a dozen, each of which might, under varying circumstances, prove to be homœopathic to a given case of dyspepsia. To this Mr. Ray replies—"Here is my difficulty: can I take all these similars at once and obtain a remedy—the real 'similar' being potent, while the others are inert? Or how am I to know (or for that matter how does any homœopathic practitioner know) which is *the* similar that is required?" That Mr. Ray should not know how to select the "real similar" is quite excusable, he, not having any medical knowledge beyond such as is necessarily superficial, would naturally be unable to appreciate the relative importance of the various symptoms, or to ascertain the form of dyspepsia he had to deal with, or to trace it to its cause. This a medically educated man would be able to do. In like manner, such an one would be equally able to grasp the meaning of the various symptoms, indicating gastric disorder, produced by different drugs. Being so, he would, by comparing the symptoms of the disease-dyspepsia with those of the drug-dyspepsias, be able to select from the latter the one most closely resembling the former. In this way he would know which was "the similar required."

In this number also, Mr. Bottone asserts that "*tartar emetic* never did and never has been known to produce bronchitis"; and in another note he challenges Dr. Clarke "to produce Bright's disease by the administration of *cantharis*, or a carbuncle by means of *arnica*, or cholera by means of *camphor* and *copper*." To the latter, Dr. Clarke replies that "accidental poisonings have already proved that *cantharis* inflames the kidneys, and that *camphor* and *copper salts* produce collapse, cramps and diarrhœa, indistinguishable from cholera. *Arnica*, in those who have proved it, has produced boils which are like carbuncles." All this is perfectly undeniable, as every student

of toxicology knows. That *tartar emetic* has produced inflammation of the bronchi and pulmonary congestion is equally well known. It is unnecessary for us to enlarge upon this, as in a lecture on *Tartar Emetic* in our last number, some of the evidence showing that it possesses this property was adduced (page 665).

In the number for the 28rd of July, "I. W." says, that any prejudice he may have as a healthy layman, rarely needing the services of a doctor, have been and still are on the side of allopathy. "But," he adds, "looking just as a jurymen might at the case put forward in this discussion by the homœopaths, I fail to see how they are to be answered by such ridicule as Mr. Grey has attempted." There are some people, after all, who are superior to the influence of ridicule. It does not always "kill" as the French proverb says that it does.

George Edwinson writes that he has seen various forms of illness in infants relieved by homœopathic medicines, and adds "these could not be cases of faith in the remedy on the part of the patient." He is not aware, probably, that this difficulty was attempted to be got over by one controversialist—we think it was Sir James Y. Simpson—by suggesting that the faith which was present in the mother was communicated to her infant through her milk! He, however, forgot that in children brought up by hand—in whom homœopathically acting remedies are equally efficacious—this explanation would scarcely hold good! His concluding paragraph is perfectly true: "All systems of drug medication as a means of cure for chronic disease, without reference to reform in feeding and living, are," he writes, "in my opinion, fallacious. Drugs, by themselves, cannot cure chronic disease, and the sooner this is recognised and acted upon by our hospital authorities the better will it be for their patients." This, as we have said, is perfectly true, and no physician recognised its truth earlier or more fully than did Hahnemann. His essays on medicine, published so far back as 1786—just a century ago—prove this to demonstration; and no one has ever urged the importance of "reform in feeding and living" more thoroughly than he did in all his later writings; while his followers are equally as earnest in advocating this reform as he was.

Paul Ward tells the following story:—"A friend of his elected to sell homœopathic medicines, went to a wholesale manufacturer of the ubiquitous pilules and asked for 1lb. of such and such kinds, and other quantities of other kinds, and he noticed that the man who was serving him took at least three different sorts out of the same bottle, and when my friend called the vendor's attention to the fact, the man smiled and winked, observing 'that they were all the same and couldn't do any

harm.'” This only proves that there are rogues among dispensing chemists as well as elsewhere. We have heard of such people before, and hence have ever cautioned our readers never to purchase homœopathic medicines from “agents,” but to go direct to those whose reputation for integrity and uprightness is well-known and established. By such men medicines for the use of homœopaths are as carefully prepared as the instructions of the *British Homœopathic Pharmacopœia* require, and as the interests of the sick demand that they should be. There is nothing surprising in the fact that Paul Ward has, as he states, “a friend now alive who ate three parts of the contents of a medicine chest full of these same pilules.” Carefully prepared pilules, in the dilutions commonly sold to the public, are not likely to affect a healthy man, more especially when those of different kinds of medicine are taken at the same time—some medicines being antidotes to others. A medical doctrine cannot be regarded as unsound because some people use it for swindling purposes.

Dr. Allinson traces all the good results following homœopathic treatment to the observation of “some dietetic or hygienic condition;” and defies the homœopaths “to bring proof to the contrary.” To this it is quite enough to reply that some of the most conspicuous triumphs of homœopathy have been won where the “dietetic and hygienic conditions” do not differ one jot from those enforced by other practitioners. It suffices to name as illustrations epidemics of cholera and yellow fever. A physician who ignores either dietetic or hygienic measures in the treatment of his patients, however accurately he may prescribe medicines, cannot be a successful practitioner; and, on the other hand, a physician who, like Dr. Allinson, repudiates the assistance which drugs scientifically prescribed would afford him, is not nearly so successful as he might be. He is an imperfectly informed man. Like Mr. Grey, Dr. Allinson wants to know (July 30th) “by what set of arguments” it can be shown that a medicine homœopathic to a disease will cure it. And being apparently aware that the evidence of the truth of homœopathy is experimental, he adds at once, “if they (the homœopaths that is) appeal to facts, then I at once say that their deductions from facts are untrue.” It is very easy to “say” anything; but in this case the “facts” are so almost innumerable, that a mere assertion will never rebut them—even though Dr. Allinson makes it!

In the last number containing any contributions to this discussion is a letter signed “M.B., B.Sc.,” the writing, apparently, of a young and well-educated physician, who is full of confidence in the resources of the old school. “That drugs



are of use and hasten the cure" he has no doubt; and, as an illustration of the facts which have inspired him with this confidence, he mentions the effect, "almost magical," of "*chlorate of potash* in ulcerative stomatitis." That it is so we are well assured, and as it is perfectly homœopathic to stomatitis this is nothing more than would be expected. "This salt," says Sidney Ringer, "appears to increase the flow of saliva, and, according to Hutchinson and others, to produce ulceration of the mucous membrane of the mouth." In *The Medical Times and Gazette* for 1858, and in *The Lancet* of the same year, are reports of several cases where *chlorate of potash* gave rise to a condition precisely resembling stomatitis. This correspondent insinuates that the fact that "drugs form a part, and an important part, of our remedial agents, yet they by no means constitute the whole of our 'armamentarium,'" is one recognised only by himself and those he styles "ordinary" practitioners. It is one which has ever been recognised and acted upon by those who practise homœopathically quite as fully as by those who do not. "Truly scientific" treatment, he tells us, is first to find the cause of disease and remove it if possible, and then "to treat the symptoms, either assisting or allaying them, according as they help or retard the cure." That is to say, mere palliation is "as scientific as the present state and knowledge of disease allows." We reply it is not as scientific as the present state of therapeutic knowledge admits of. He further says that he has "examined homœopathy and found it wanting." He did not find it "wanting" when he gave *chlorate of potash* in stomatitis! That was testing homœopathy at the bedside, and the effects were, to use his own term, "magical." What sort of an examination he accorded to homœopathy we know not, but that an intelligent clinical testing thereof formed a part of it we cannot believe. When he stumbled upon a homœopathic remedy he succeeded; when he "examined" homœopathy he found it wanting. We have generally found such "examinations" to have consisted in reading Barr Meadows' *Errors of Homœopathy*, or some similar compilation derived from Simpson's *Homœopathy, its Tenets and Tendencies*. "Examinations" of this kind are simple triflings with a great and important question. We advise "M.B., B.Sc.," and all similarly situated, to ascertain what homœopathy is from the writings of those who have studied the subject, and put the results of their study into practice at the bedside, and then to see for themselves the influence of homœopathically selected medicines in the progress of disease. The clinical test is the only one by which the value of any therapeutic method can be estimated, and wherever this test has been carefully applied to

homœopathy, its value has been acknowledged to be greater, far greater, than was ever imagined possible by those who have thus gauged it.

### MASSACHUSETTS STATE HOMŒOPATHIC ASYLUM FOR THE INSANE.

WE have on several occasions, during the last three or four years, drawn the attention of our readers to the efforts made in Boston to procure a public asylum, maintained by the State, for the care and treatment (homœopathically) of the insane. An Act of the Massachusetts Legislature was finally obtained in 1884, and buildings were at the same time assigned for the purposes of such an asylum. In additions to these, and in the adaptation of the remainder \$380,000 (£66,000) of the State funds have been expended, and the institution was to be open for the reception of patients, to the number of 400, last month. It is under the management of a board of trustees, the Medical Superintendent being Dr. Emmons Paine, a gentleman who has had considerable experience in asylum management both in Europe and in the U.S.A. He was, we believe, at one time studying at the Warwick Asylum under the late Dr. Parsey, and for four years has been the assistant physician of the asylum at Middletown, N.Y., under the direction of Dr. Talcott. He has, we have also heard, manifested in a very marked degree the possession of the faculty of organisation—often so largely developed in the Americans. Dr. Paine's appointment has therefore been regarded as a singularly good one, and he has commenced his work possessing the full confidence of his medical brethren and the board of trustees.

*The Boston Herald*, of September 24th, contains an elaborate description of the arrangements which have been made in the Asylum for the comfort and care of the insane, all of which are the most modern type.

Dr. Paine will have the assistance of one assistant physician for every fifty patients.

The State Asylums of Taunton and Bridgewater, Mass., being over-crowded, the first hundred patients will be drawn from those among the inmates whose friends prefer their being under homœopathic treatment. In addition to these numerous applications have already been received for accommodation.

The following is the description given of the site by the *Boston Herald*:—

“The site of the Westboro Hospital, consisting of 264 acres of land, is a most commanding one, occupying, as it does, the crest of a hill, whence may be seen in the distance the towns of Shrewsbury and Westboro, and adjacent villages, the former some five miles distant and the latter about two miles. The

intervening space is beautiful farm, orchard, timber and grazing land. The new reform school looms up to the south-west, its fine proportions visible, with distant hills for a background, a monument of architectural beauty. Nestling at the base of the hill, upon which stands the new homœopathic hospital, is Big Chauncy Lake, about  $1\frac{1}{2}$  miles long, by half a mile across in its widest part, as fine a sheet of water as can be found in all New England; its edges are fringed with tall pines, graceful maples and spreading elms; in the midst of a clump of the former, has been selected a picnic grove, provided with seats and speaker's stand; not far distant may be seen a boat house with several craft of various sizes and kinds moored near by. Two monster ice houses are located at the upper end of 'Big Chauncy,' and a fine bathing beach. The lake is said to be quite deep and abundantly stocked with edible fish in great variety, bass, pickerel and large perch predominating. The hospital orchard, containing some 400 apple and other fruit trees, appears to be divided in the centre by a magnificent lawn, with here and there a spreading tree, and runs from the buildings on the hill to the lake shore, all adding to the picturesqueness of the general surroundings. Standing upon the broad front piazza of the main building and looking to the south-west and east, the view is a charming one. Fine shrubbery and hedges, gracefully cropped, with here and there bountifully laden fruit trees meet the eye."

We cordially congratulate Dr. Talbot and our other friends in Boston on the success that has attended their efforts to secure the control of a public asylum, and we feel confident that under such excellent and experienced management as they have provided, with the various appliances they have become possessed of, and the charming situation of their buildings, the work they have undertaken will, in the future, be one which will prove of the greatest advantage to the State, and provide additional evidence of the influence for good which homœopathic drug-selection enables the physician to have over the progress of disease.

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#### THE DETROIT FREE HOSPITAL.

We learn from *The Medical Advance* for November that two wealthy citizens of Detroit, Michigan, have each given \$100,000 for the erection of a Free Hospital in that city, to be officered by homœopathic practitioners. The plans for the building, which are in course of preparation, are based upon a personal inspection by the architect, Mr. Gordon W. Lloyd, and a physician, Dr. C. Walsh, of the most important hospitals, asylums and sanitary institutions in the country. The building is to be four stories high, and every modern improve-

ment in the construction of hospitals is to be incorporated in it. It is, in short, to be as complete as \$200,000 can make it.

Mr. James McMillan and the Hon. J. S. Newberry, the two munificent donors, have been presented with an address, thanking them for their public-spirited liberality, signed by twenty homœopathic physicians practising in Detroit. The population of Detroit, according to the 1881 census, was 188,269.

## OBITUARY.

ALEXANDER PENROSE TORRY ANDERSON, M.D.

We very much regret to announce the death of Dr. Torry Anderson, at his residence, Maida Vale, on Saturday, the 6th of November.

Dr. Anderson, who was only thirty-one years of age at the time of his death, was an Aberdeenshire man, and educated at the University of Aberdeen, where he took the degrees of M.B. and C.M. in 1876, proceeding to M.D. in 1879.

About eight years ago he became attached to the staff of the London Homœopathic Hospital as House-Surgeon. At the conclusion of his term of service, he settled in practice in the neighbourhood of London, and a vacancy occurring soon afterwards upon the out-patient staff, he was appointed to fill it. Some months ago he was added to the internal staff, when Dr. Moir succeeded to the vacancy caused by the resignation of Dr. McKechnie.

His kind and gentle manner, his truly amiable character, his intuitive skill in diagnosis, and the accuracy, neatness and manual dexterity with which he performed his surgical duties, endeared him to his colleagues, and won for him their warm appreciation of his professional attainments. His death has thrown a gloom over the hospital, where he will long be affectionately remembered by all who came in contact with him.

## CORRESPONDENCE.

*THE CYCLOPÆDIA OF DRUG PATHOGENESY.*

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—Allow me in your pages to assure my friend, Dr. Proctor, that the editors of the *Cyclopædia* have not the slightest intention of diverging into index-making until their work of compilation and sifting is over. I am not aware of having promised to furnish even a specimen of what I think the index should be. The one collateral thing I did engage to do was to illustrate how I would have the medicines treated in

the companion volume of the Hahnemann Publishing Society ; and this promise I have recently redeemed—in the form of a presentation of *Belladonna*—in your pages.

But though there is no intention of indexing anything short of the whole work, whose completion is yet a good way off,\* it is not at all too early to be planning how such operation should be carried out ; and I would take the opportunity of submitting a few thoughts on the subject.

When we make an index to a work of general literature, we do so with a literary object. Its consulter desires to know what the author has said on a given subject, and where he may find such deliverance. No item or reference, therefore, should be omitted which can have any conceivable interest.

It is different, however, with such a treatise as ours. Those who use its index will do so with no mere literary curiosity, but with a practical object. They do not care, as an historical question, whether such and such a symptom has appeared in the pathogenesis of a medicine ; but whether it has so appeared as to make it reasonably certain that it is a direct effect of the drug—that there is such a *nexus* between one and the other that, when the symptom comes before us in disease, we may trust the drug to lay hold of it. With this view, we must not assume everything recorded in the pathogeneses as worthy of reference. The narratives of the provers must often be given as they stand (with condensation of expression, and omission of what is palpably dubious), lest anything should be lost. In reading them over, however, it is obvious that much is merely incidental, transitory, personal ; and to refer to this in a practical index would be to lead the prescriber by a will-o'-the-wisp. Only such effects of drugs as by the force of their occurrence or the constancy of their recurrence witness to organic connection with their causes should find place.

The first step towards our index-making, then, would be that a competent person should go through a copy of the *Cyclopædia*, pen in hand, and should underline, in each pathogenesis, those symptoms to which reference may be made. With this copy compilers should work. I grant that much judgment is required for such a process, and that some risk will be run. But this is better than rendering our index unwieldy and untrustworthy by loading it with sign-posts which lead to quicksands. I would have nothing omitted which has any-

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\* I may state here that my work on the International Homœopathic Convention and its Transactions (now just ready) has seriously interfered with the progress of the *Cyclopædia* during the last few months. It is now, however, well in hand again ; and the next part may be looked for early in January.—R.H.

thing distinctive about it, whether it be in "substantivæ" or "adjectivæ;" but I would deal with our whole symptomatology, for indexing purposes, as Hahnemann dealt with Nenning's contributions thereto, extracting only what seemed really useful.

There will arise several other questions about the index—whether it should aim at the fulness of the H. P. S.'s Repertory, and this by cyphers or otherwise; whether, like that, it should be in schematic, or, like Allen's, in alphabetical order; and so forth. On these, as well as on that which I have now raised, we should be glad of the opinion of our colleagues. We want index as well as text to satisfy all (save of course the few *intransigents* who are determined not to be pleased); and therefore in good time invite all to have their say about it.

Yours very faithfully,  
RICHARD HUGHES.

Brighton, Nov. 16th, 1886.

## NOISES IN THE EARS.

*To the Editors of "The Monthly Homœopathic Review."*

GENTLEMEN,—My friend, Dr. Proctor, asks the very pertinent question, in the October number of this journal, whether in disease the distressing symptom, *tinnitus aurium* may not be due to primary involvement of the auditory nerve, just as flashes of light may be to impairment of the optic nerve. He will find the matter discussed at some length in my work on *Vascular Deafness*, from pages 35 to p. 44, published by Messrs. Baillière, Tindall & Cox, King William Street, Strand. The subject is, of course, one that admits of endless discussion, but surely it is a fallacy to draw such conclusions as many writers do from the symptoms of flashes of light in the eyes. For, to begin with, the symptom, *tinnitus*, is a very common one, and often experienced even in conditions of health, while that of flashes of light is very uncommon. It is obvious that that which excites to flashes of light must be different from that which excites to noises in the ears, for it is not conceivable that the auditory nerve can in reality be deranged every time that *tinnitus* is complained of, and if not itself affected the part it plays must obviously be that of registering (or perhaps we had better say receiving) impressions that come from outside its expansions and trunk.

That the *tinnitus* may be occasioned in some instances by the primary changes undergone in the auditory nerve I *doubt*

but am not in possession of a sufficient number of facts to deny.

What, however, I do assert is that the symptom, *tinnitus*, is not by any means, whether it be *pulsative* or *musical*, characteristic of nervous deafness, and that the former is due to disturbance of the arterial, the latter to disturbance of the venous circulation,

Most truly yours,

5th November, 1886.

ROBT. T. COOPER, M.D.

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### THE HOMŒOPATHIC LEAGUE.

*To the Editors of the Monthly Homœopathic Review.*

GENTLEMEN,—Will you kindly permit me, although I believe that I am a practitioner of that type which you would term the "old school," to express an opinion upon the latest development of the homœopathic teaching of the day; I refer to the new "Homœopathic League." As I speak from the ranks outside exclusively homœopathic practitioners, such an expression may possibly be useful.

I have watched with increasing interest, and used with increasing satisfaction, the results of the quiet, patient work which during recent years has been accomplished by homœopaths, work which has seemed to me to be so much more convincing to the profession, and to bear such superior evidence of genuine conviction on the part of the homœopaths, than were the earlier efforts of the exclusively homœopathic practitioners, and work, moreover, which has so impressed me, because it has been conducted in a peaceful, and serious, scientific spirit, contrasting very favourably with the natural bitterness of spirit evoked by the exasperating conservatism of the "old school" in days gone by; and because the patient record of bedside tests, the only path to the truth, has been almost entirely relied upon.

This spirit has surely been a difficult one for the homœopaths to maintain, and the self-control and patience exhibited, I have watched with admiration; for the indifference of their profession to what they believe to be a great truth, must be almost worse to bear than active and bitter persecution.

No honest man can deny that the results of that patient work are being adopted by the profession as part of their armament against disease, and more success has been attained in the approach of the profession to homœopaths, by this later method of work, than by the old impatient and bitter spirit which was easier to maintain.

I therefore deeply regret that a section of the homœopaths have formed the "League" upon the old warlike lines, and

that they have apparently failed to maintain the more difficult and useful spirit of steady and accurate scientific record at the bedside. May I apply the thoughts I have seen recorded elsewhere upon scientific progress, to this case of homœopathy and "allœopathy" or "enantiopathy?"

Surely, the homœopathist striving to establish the reign of law in medicine should be the first man to recognise that reign of law in other sciences? And in the science of *thought*, he should recognise the fact that even the *discovery of law* is governed by law. The history of scientific thought in the past has demonstrated many phenomena in the evolution of new theories and practice, a few of which I will presume to submit to the consideration of the "Homœopathic League."

*First*, all great discoveries in science have remained for a long period unfruitful premonitions only, because they fell upon unprepared soil.

This has been so universal and constant that it can now be called a law of the science of thought. And in view of this fact, is it not probable that a longer, perhaps a very much longer, period of preparation of the unfruitful soil of the age may be necessary before homœopathy can appear universally in the profession as the result of the seed planted by its advocates?

In the *second* place, the successive revolutions which have taken place in physical science have included, and expanded, rather than superseded, those which went before.

I believe that one chief reason which prevents men from seriously examining homœopathy is that they believe that it claims to entirely supersede all other theories and practice, and to exclude all other treatment; and the present age is one in which men of science are less inclined than in former days to rest upon any theory as final; for we surely know now, that beyond the line of its direct observation, our science is not infallible, and our theories and systems, though often containing the nucleus of truth, undergo frequent changes, and are often revolutionised.

Is there not, perhaps, some risk, that homœopathists, in eliminating what they conceive to be error in older methods of theory and practice, may be losing sight of some foundations of truth inherent in the old methods, which may be integral parts of the newly-discovered laws?

And in the *third* place, have we not learned that science is a growth of time, and that progress in science is most sound when most natural, which is often equivalent to being most gradual?

With all deference to the opinions of my seniors, I would venture to hope that homœopathists may see their way to



“possess their souls in patience,” and continue steadily upon the work of patient record of bedside tests; and that they may be able to avoid any return to the useless, bitter spirit of past days, leaving to such of their opponents as may wish to use it, that less noble weapon.

*Finally*,—Cannot we feel sure that, when the soil is ready, the seed so patiently planted will produce all the truth contained in its germs; for “Truth shall flourish out of the earth,” and the growth of truth is governed by Providence, and though man’s cultivation of the field is an essential condition of that growth, the development will steadily progress, independently of individual schools of investigators,—I beg to remain, yours respectfully,

London, Nov., 1886.

GERARD SMITH, M.R.C.S.

[We would advise our correspondent to read Dr. Dake’s *Therapeutic Methods*, which has just been published, and a notice of which appears in this number of our *Review*.—Eds. *M.H.R.*]

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## CONSULTANTS AND GENERAL PRACTITIONERS.

*To the Editors of the “Monthly Homœopathic Review.”*

GENTLEMEN,—The complaint crops up from time to time in the allopathic medical journals of the consultant stepping out of the position he ought to occupy, and taking upon himself the duties of the general practitioner. A provincial doctor sends up a patient to London for a consultation with, or to be treated for a time by, some medical man there, whom he recommends. The patient returns home, but his old attendant sees him no more, until perhaps called in for some other illness, or to some other member of the family, when he learns that “the London doctor has continued the case.”

Now in our own small section of the medical fold we are not altogether free from this kind of thing, and a pity it is that it should be so, as it sadly strains the relations of medical men, who would otherwise be friends, and mutual supports to each other. No doubt much may be laid to the door of the patients and their friends, who constantly set at defiance the rules of medical ethics.

Still, if consultants were firm in this matter, and would resolutely refuse to prescribe or correspond medically with patients so sent to them, after the latter had returned home, except through their family attendants, mutual good would come out of the understanding. Doctors in the country would more frequently avail themselves of their London *confrères*\*

assistance, having no fear of seeing their patients taken out of their hands, while the high and honourable standing of a consultant would be maintained, and his connexion extended in a legitimate manner.

I am,

Yours faithfully,

Torquay, Nov. 20.

A. MIDGLEY CASH.

## NOTICES TO CORRESPONDENTS.

\*.\* We cannot undertake to return rejected manuscripts.

We are requested to state that Dr. BOTH has returned to London.

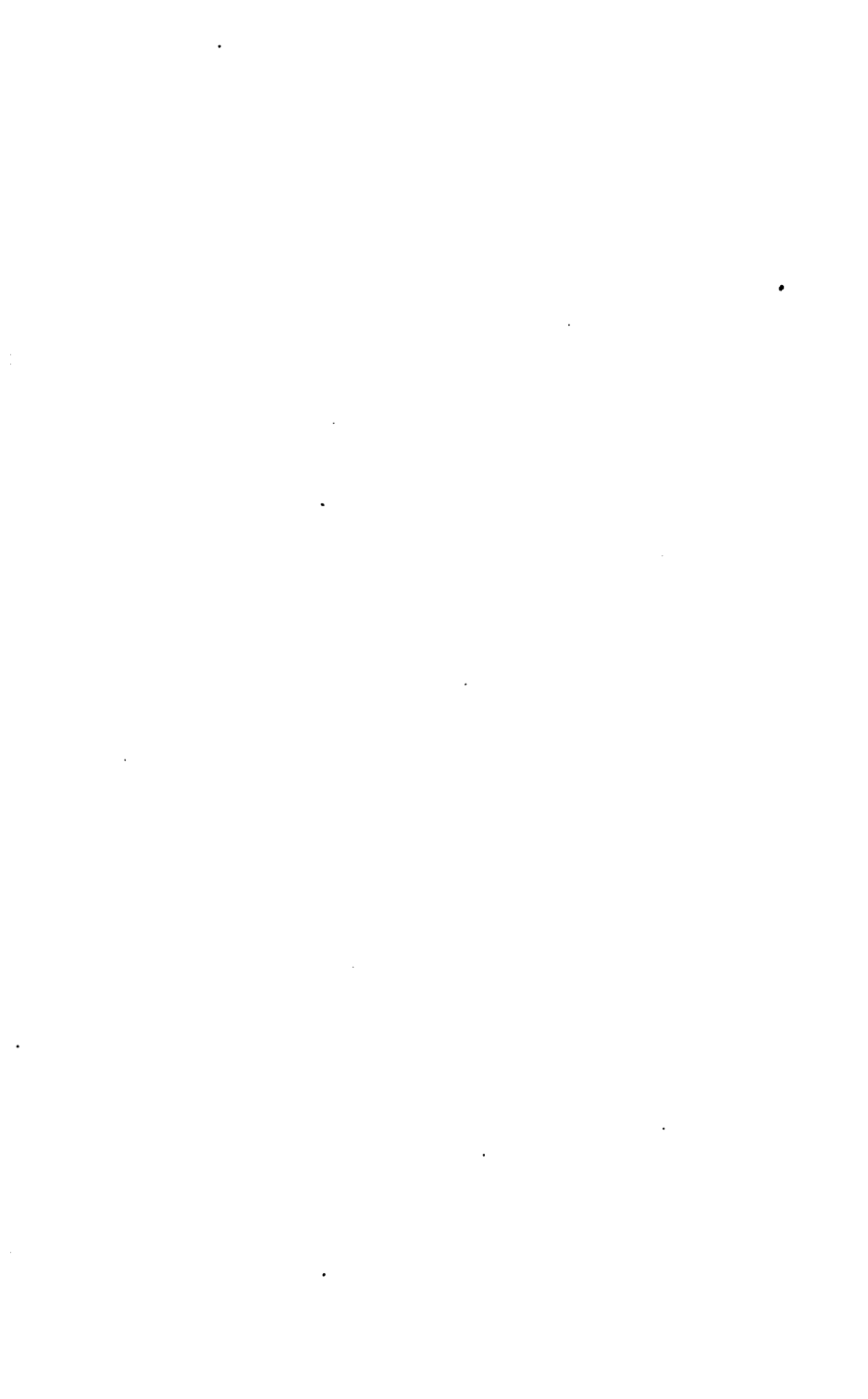
Mr. HURNDALL, M.R.C.V.S., has removed from Liverpool to 52, Blackheath Hill, London, S.E.

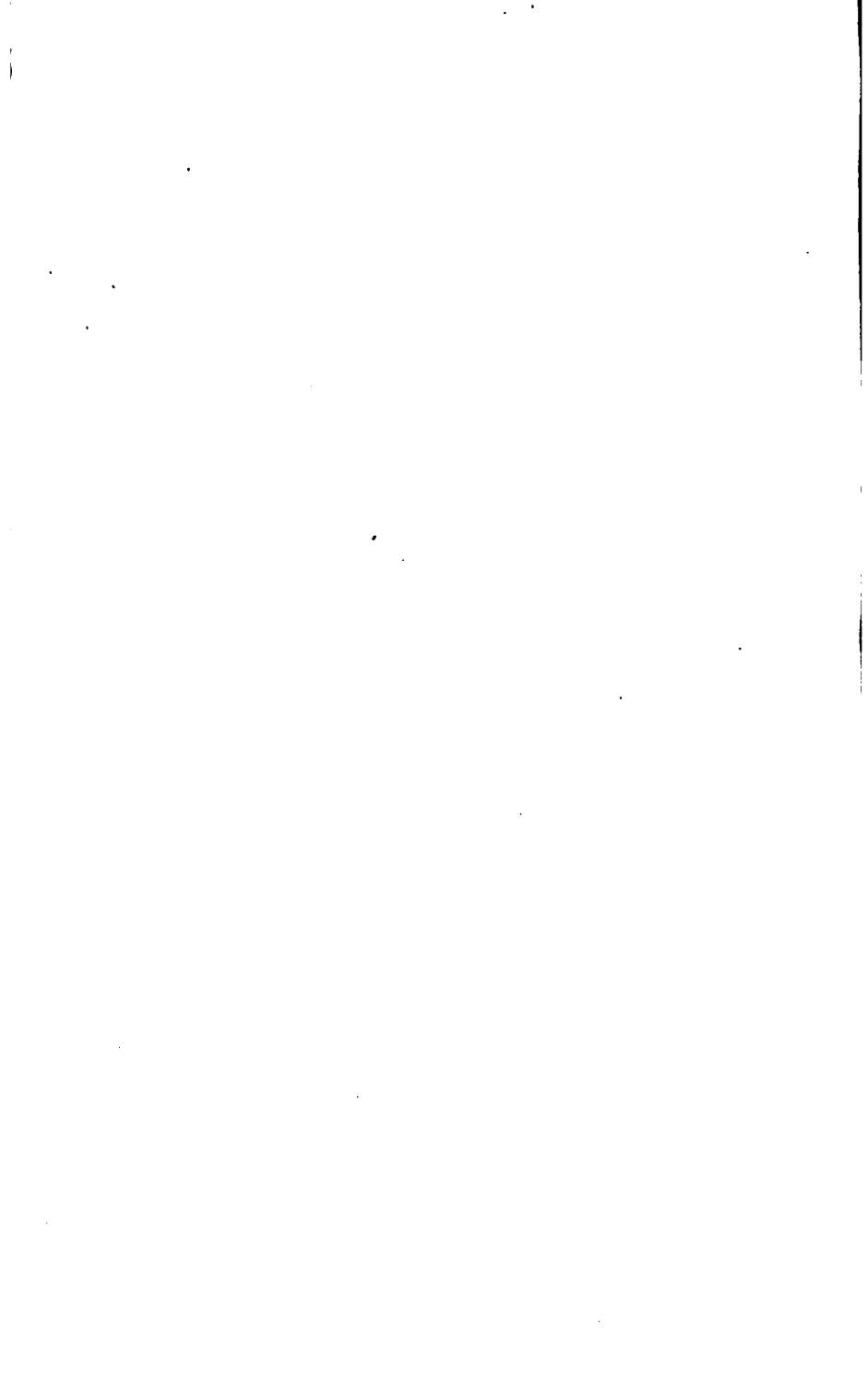
Communications, &c., have been received from Dr. DUDGEON, Dr. CLARKE, Dr. COOPER, Dr. MORRISON (London); Dr. HUGHES (Brighton); Dr. PROCTOR (Birkenhead); Dr. J. D. HAYWARD (Liverpool); Dr. SIMPSON (Glasgow); Dr. GALLOWAY (Montreux); Messrs. BOERIOCKE & TAFEL (Philadelphia); Dr. KEERSMAECKER (Brussels).

## BOOKS RECEIVED.

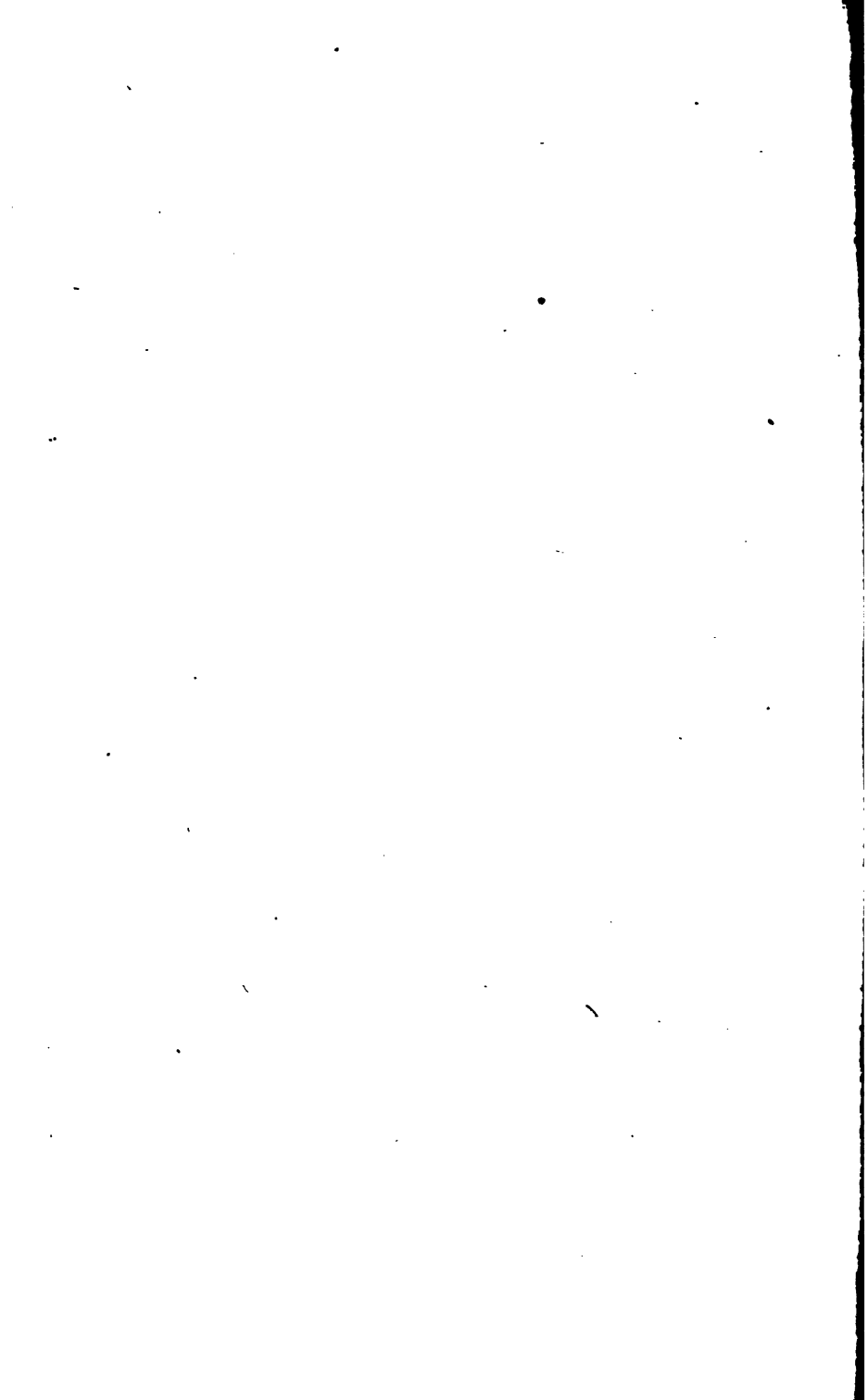
*Therapeutic Methods: an Outline of Principles Observed in the Healing Art.* By James P. Dake, M.D. O. Clapp & Son, Boston. 1886.  
*Diseases of the Skin, from the Organismic Standpoint.* By J. Compton Burnett, M.D. London Homoeopathic Publishing Company, 12, Warwick Lane, E.C.—*Homoeopathy in its Relation to the Diseases of Females, or Gynecology.* By Thomas Skinner, M.D. Third edition. Homoeopathic Publishing Company, 12, Warwick Lane, E.C.—*Homoeopathic League Tracts: No. VIII.—Influence of Homoeopathy on Ordinary Practice.* London: J. Bale & Sons, Great Titchfield Street, W.  
*Urinary Diseases.* By David Jones, M.D. London: Simpkin & Marshall.  
*Introduction au Traitement Homoeopathique des Maladies des Yeux par le docteur de Keersmaecker.* Brussels: H. Lamartin, Rue Marobé au Bois. 1886.—*The Climate of Llandudno.* By J. Nicol, M.D. Second edition. London: J. Heywood, 11, Paternoster Buildings. 1885.—*The Effects of the Kronenquelle Water in the Treatment of Gout and Arthritic Complaints.* By Dr. Mayer, Antwerp.—*Annals of the British Homoeopathic Society.—The Homoeopathic World.* Nov. London.—*The Hospital Gazette and Students' Journal.* Nov.—*The Chemist and Druggist.* Nov.—*The Monthly Magazine of Pharmacy.* Nov.—*The New Zealand Herald.*—*The North American Journal of Homoeopathy.* New York. Oct.—*The New York Medical Times.* Nov.—*The American Homoeopathist.* New York. Oct.—*The Chironian.* New York. Oct.—*The Hahnemannian Monthly.* Philadelphia. Nov.—*The Homoeopathic Recorder.* Philadelphia. Sept.—*The Medical Era.* Chicago. Oct. and Nov.—*The United States Medical Investigator.* Chicago. Sept.—*The Medical Advance.* Ann Arbor. Nov.—*The St. Louis Periscope.* Sept.—*The Medical Counselor and Michigan Journal of Homoeopathy.* July-Oct.—*Bibliothèque Homoeopathique.* Paris. Sept. and Oct.—*Bulletin de la Société Homoeopathique de France.* Oct.—*Revue Homoeopathique Belge.* Brussels. Sept.—*Allgemeine Homoeopathische Zeitung.* Leipzig. Nov.—*L'Omiopatia in Italia, Organo Dell' Istituto Omiopatico Italiano, Fascicolo, IV., 1886.* Turin.  
*Rivista Omiopatica.* Rome. Oct.—*La Reformá Médica.* Mexico. Oct.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 12, Church Road, Tunbridge Wells, or to Dr. D. DYCK BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.









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